CHECKLIST for Restarting On-Campus Activities and Operations.

1. Repopulation of the Campus planning should include:

- Capacity to maintain social distancing. Phasing and quantity of student, and staff repopulation factors such as ability to maintain social distancing in public spaces and residence halls, Personal Protective Equipment (PPE) availability and availability of safe transportation; (See facilities reopening plan, Appendix A)

- PPE. Plans should obtain and provide acceptable facial coverings to all employees of the institution. State whether the institution will provide reusable facial coverings to students and will there be disposable masks be available for students and employees as needed? What PPE is required when and where (i.e. outside, classrooms, lecture halls); (See facilities reopening plan, Appendix A)

- Screening and testing. Plan should discuss how campus will screen and or test students and employees and what actions will be taken if students and employees test positive; (See Return to Work Plan, Appendix B)

- Operational activity: Identify how classes, shared spaces, and activities may be adapted or not in various phases of repopulation and operations (e.g. identify which classes will offer alternate approaches such as A/B schedules or remote instruction; use of shared spaces in residence halls); (See facilities reopening plan, Appendix A)

- Restart operations: Identify plans to reopen buildings such as cleaning and disinfection, and restarting ventilation, water systems, and other key components (as needed); (See facilities reopening plan, Appendix A)

- Extracurricular activities including intramurals and student performances: Identify policies regarding extracurricular programs and which activities will be allowed, taking social distancing and risk of viral transmission into consideration; (See facilities reopening plan, Appendix A)

- Hygiene, cleaning and disinfection: Include campus-wide cleaning and disinfection protocols for classrooms, residence halls, restrooms, and other facilities, consistent with CDC guidance as communicated by SUNY System Facilities management. (See facilities reopening plan, Appendix A)

2. Monitoring includes policies to track health conditions on campus, including:

- Testing responsibility. Do you plan to test all students or residential students only, and employees before and/or during the semester? Will the testing for surveillance, event-driven, or a combination of both? If you plan to test employees and students, identify who is responsible for purchasing and
administering testing; plans should offer contingencies for continual screening for symptoms and/or
temperature checks; (Appendix D, Testing Options and Considerations)

√ Testing frequency and protocols: Determine testing frequency and process which may include plans
to test for cause (e.g. symptomatic individuals, close or proximate contacts, international travel),
plans for surveillance to proactively monitor for symptoms of COVID19 and influenza like illness, as
well as protocols around group testing, if applicable; (Appendix D, Testing Options and
Considerations)

√ Early warning signs: Plan should have a process for monitoring early warning signs of an outbreak
including increasing rates of positive infections and hospitalizations and communicating these data to
local health department officials; (Appendix D, Testing Options and Considerations)

√ Tracing: Institutions may choose to develop plans for contact tracing in close coordination with
state and local health departments; and (See Return to Work Plan, Appendix B)

√ Screening: Develop plans for regular health screening of employees, students and visitors. (See
Return to Work Plan, Appendix B)

3. Containment plans should address response to positive or suspected
cases as well as preventative policies and practices, including:

√ Hygiene, cleaning and disinfection: Develop strategies for cleaning and disinfection of exposed
areas; and (See facilities reopening plan, Appendix A)

4. Return to remote operations (“Shutdown”) includes contingency
plans for ramping down and/or closing the campus, including:

** All plans utilized to decant the campus, consistent with SUNY guidance, incrementally reducing
density during the initial phases of the COVID-19 response will be utilized accordingly to ramp
down operations if necessary.

√ Operational Activity: Include which operations will be ramped down or shutdown and which
operations will be conducted remotely; include process to conduct orderly return to remote
instruction and which may include phasing, milestones, and key personnel; (See Return to Work Plan,
Appendix B and Return to Research Plan, Appendix C)

√ Communication: Develop plans to communicate internally and externally throughout the
process. (Coming Back Safe and Strong Website and FAQs “Coming Back Safe and Strong.”)
EXECUTIVE SUMMARY

Responding to and recovering from the COVID-19 pandemic has been a priority for Stony Brook University since early reports of the disease outbreak in January of this year. Following previously established plans and protocols, the University wide Pandemic Planning Committee began to formally meet in February focused initially on preparedness and response for the health and safety of the campus community. As we transition from the initial phases of response and change our focus to the future of our campus, we are carefully planning our recovery with the following foundational principles in mind:

- **Infection Prevention** – We will increase our annual efforts around public education and general infection prevention best practices, techniques and programs through broad campus messaging and the creation of a campus climate that encourages community commitment to establishing a culture of health and safety as we begin “Coming Back Safe and Strong.”

- **Social Distancing** – We remain committed to providing the safest environment possible as our campus becomes to return students, faculty and staff to our community. To that end, we will utilize best practices and accepted guidelines for social distancing in all areas of our planning.

- **Public Face Coverings** – It is the expectation that all members of the campus community will be expected to wear face coverings in public spaces, within buildings and classrooms or other areas where social distance cannot be maintained. To support these efforts, we will supply two cloth face coverings for all students, faculty and staff members.

- **Testing Capacity** – We will work with our hospital partners as well as state and local health departments to build our campus capacity for robust testing while also remaining mindful of the changing landscape and recommendations in this area.

- **Medical Screening and Tracing** – We will further enhance our existing system and multidisciplinary team, which was created early in the initial response, to intake, screen, advise and trace members of the campus community when they become ill or test positive for COVID-19.

- **Administrative Controls** – We will consider all available options to reduce density in the workplace including staggered and irregular work schedules, continuation of telecommuting where appropriate and effective, and leverage technology and virtualization of services currently conducted face-to-face.

- **Engineering Controls** – We will utilize best practices to enhance safety in the workplace and learning environment that cannot otherwise be modified administratively, including the potential use for construction modifications, installation of barriers, reconfiguration of traffic flows, enhancing HVAC systems, and other steps to physically change the campus environment where practical.
COVID Pandemic Operations and Academic Year 2020-2021 Task Forces and Planning Groups

The University has established response committees tasked with addressing the wide-ranging challenges posed by the global pandemic. These groups, shown below, include key area task forces and planning groups, all operating under the guidance, direction, and oversight of our Executive Leadership Team. The groups are collaborating with each other, experts throughout our campus, and outside community and government experts to ensure that we are able to resume our research and teaching as safely, effectively and efficiently as possible in light of continuing challenges posed by COVID-19.

Executive Leadership Team- Includes senior leadership from all areas of campus and is led by Interim President Michael Bernstein and Incoming President Maurie McInnis.

COVID Recovery Key Area Task Forces:

- **Academic Planning Group**  
  **CHARGE:** Fall semester (and beyond) planning, course content quality and pedagogical review, experiential considerations and accreditation compliance  
  **MEMBERS:** Deans, Vice Provost, Provost, University Senate

- **Finance Group**  
  **CHARGE:** Financial projections and modeling, COVID-19 expense tracking, Federal Energy Management Agency (FEMA) reimbursement process, grant opportunities  
  **MEMBERS:** Key finance and budget leaders and staff

- **Enrollment Strategies Group**  
  **CHARGE:** Admissions and enrollment planning scenarios and modeling, international/out-of-state student considerations  
  **MEMBERS:** Key enrollment planning, financial planning and institutional research staff

- **Student Affairs Group**  
  **CHARGE:** Residential life, housing, quarantine planning, CARE team, Counseling and Psychological Services (CAPS), all traditional services in context of modified campus operations and reduced/nontraditional student campus population, telehealth/tele-counseling capacity  
  **MEMBERS:** Student Affairs, Student Health, Residential Life, Diversity, HR, University Senate

- **Research Group**  
  **CHARGE:** Impacts, recovery, coordination and resumption of activities for research enterprise  
  **MEMBERS:** Research, Faculty Affairs, Environmental Health & Safety

- **Infectious Disease Advisors**  
  **CHARGE:** Epidemiological modeling, best practices, ongoing consultation  
  **MEMBERS:** Susan Donelan, Medical Director, Healthcare Epidemiology Department; Hospital Epidemiologist; Assistant Professor, Infectious Diseases and Medical Director, Regional Training Center, MARO (Metropolitan Regional Office); Dr. Sharon Nachman, Chief of Division
COVID Recovery Planning Groups:

- **Return to Work Planning**
  
  *CHARGE*: High level planning considerations and strategies for campus “phase one” return to work, anticipated loosening of Executive Order restrictions, research restarting, etc.  
  *MEMBERS*: Human Resources, Environmental Health & Safety, Labor Relations; Campus Operations and Maintenance; Media Relations, Marketing & Communications, Health Sciences, Administration and Finance

- **DoIT Support Group**
  
  *CHARGE*: Network/information security, Blackboard, Echo 360 and remote learning tools, faculty support, student support  
  *MEMBERS*: Information Security Officer, IT, Center for Excellence in Learning and Teaching, University Senate

- **Faculty Student Association (FSA) Group**
  
  *CHARGE*: Campus dining planning/space considerations, social distancing criteria for facilities, long-term delivery/grab & go capacity, long-term quarantine support capacity, personnel, overall auxiliary strategy, etc.  
  *MEMBERS*: Auxiliary Services

- **Facilities/Special Events/Space Planning Group**
  
  *CHARGE*: Custodial considerations, long-term ‘deep cleaning’ contractor engagement, high-traffic/high touch point plans, public spaces vs. residential capacity, classroom and space planning, revocable permits, timelines, locations, overall capacity, contract implications, high-profile/VIP event implications  
  *MEMBERS*: Campus Operations and Maintenance, Facilities, Registrar, Conferences & Events Services, Community Relations, Finance, University Senate

- **International Academic Programs and Services Group**
  
  *CHARGE*: Visa and Immigration Services, international student support, prolonged remote learning considerations, etc.  
  *MEMBERS*: International Academic Programs & Services; China Center, Visa and Immigration Services, Study Abroad

- **Health and Safety Group**
  
  *CHARGE*: Employee and student health, regulatory tracking and compliance, infection detection and campus tracing, Personal Protective Equipment (PPE), etc.  
  *MEMBERS*: Student Health, Environmental Health & Safety
• Communications Liaison Group
  
  **CHARGE:** Interdepartmental/unit comms coordination, common messaging, website updates, Frequently Asked Questions (FAQ), Marketing & Communications (MARCOM) support, etc.
  
  **MEMBERS:** Marketing & Communications, Media Relations

• **Campus Security Group**
  
  **CHARGE:** Building security, laboratory access, general access to campus/visitors, considerations for modified student life/social distancing and event oversight concerns, campus police and community relations, crime trends, etc.
  
  **MEMBERS:** University Police Department, Research, Faculty Affairs

• **Restarting Research Group**
  
  **CHARGE:** Developing structured plans for phased return to research, safeguards and controls for lab/field research, oversight mechanism.
  
  **MEMBERS:** Research, Faculty Affairs, Facilities and Operation, Health Sciences Research Facilities & Operations, Laboratory Safety and Hazardous Waste, Environmental Health and Safety, Faculty

• **Human Resources (HR)/Labor Relations (LR) Group**
  
  **CHARGE:** State University of New York (SUNY)/Governor’s Office of Employee Relations (GOER) mandates, essential/nonessential tracking, employee absenteeism long-term considerations, union collective bargaining issues, payroll, long-term hiring freeze impacts, etc.
  
  **MEMBERS:** Human Resource Services, Labor Relations
ACADEMIC PLANNING PRINCIPLES:
Keeping with our foundational principles, our academic planning task force is evaluating several scenarios based on the following, additional considerations:

- Protect the health and wellness of our students, staff and faculty by adhering to guidance from CDC, Stony Brook Medicine Epidemiologists, Emergency Management, Environmental Health and Safety and Facilities teams.
- Ensure both the economic viability of the University and its role as a regional economic engine
- Support the highest quality undergraduate, graduate and professional educational experience that is possible for our students
- Continue to prioritize the diversity of our campus community
- Maintain Stony Brook’s position as a leading R1 University and a member of the AAU
- Continue to promote the social mobility of our students
- Continue to focus on the Academic Success agenda for our undergraduate students

ACADEMIC SCENARIO PLANNING

The Registrar Task force is currently evaluating several academic scheduling models with the following planning parameters:

- Increase the time for transition between classes and scheduling from 8 AM – 9 PM across five and potentially six days a week to decrease campus density both within the classroom and laboratory spaces as well as around open spaces on campus
- Evaluation of courses which must be delivered on campus by academic deans to help facilitate schedule implementation
- Schedule modifications to accommodate in person classes that may be delivered in person, in appropriately sized classrooms and those classes that should remain online
- Cancel evening common exams during the semester
- Forego the October 12th and 13th Fall Break and have the final day of face-to-face instruction be Saturday, November 21st
- Deliver the final week of classes remotely (November 30th – December 7th)
- Hold finals online December 9th to December 17th

Key areas of concentration:

Classroom Population Density - New layouts and analysis of each classroom, lecture hall and teaching space to properly apply social distancing principles has been carried out. Concurrently, faculty needs assessments are taking place to identify faculty that can effectively teach online or in a hybrid manner so as to prioritize the health and safety of faculty that may have medical conditions with safe, in-person instruction with reduced classroom density.

Instructional and Research Laboratory Protocols – Lab-based research activities were curtailed as of March 22nd, with only critical maintenance being permitted by essential personnel designated specifically for that purpose. Research directly involving COVID-19 was also allowed with the provision that appropriate safeguards be observed. Our Return to Research plan establishes a
framework for an orderly and phased resumption of research that is consistent with guidance from relevant authorities and aligned with Stony Brook’s broader plan for returning to campus facilities and operations. This plan is guided by key principles intended to safeguard the research workforce while enabling research to resume as quickly and efficiently as conditions and guidance allow. This phased approach to opening research labs is applicable to all scholarly and creative activities that need facilities on or off campus to proceed.

Facilities Reopening Plan – The facilities reopening plan provides operational oversight and details for resuming operations in Stony Brook University facilities. The framework will allow for an orderly resumption of activities, consistent with developing guidance from relevant authorities. Execution of this plan is contingent on the phased openings allowed under NYS and SUNY guidelines. The plan requires implementation of safe work practices, including appropriate use of administrative controls, engineering controls, and routine use of PPE. Additionally, the plan is based on current information and recognizes the flexibility needed to adapt based on changing guidance and local public health conditions.

TRACING AND MONITORING AFTER RE-OPENING

The ability to maintain safe operations after re-opening will be directly correlated to health screening, monitoring and contact tracing capacity. As we prepare for the return to campus, we will be implementing a gradual and incremental (phased) return based upon operational need and employee safety. This phased approach will allow us to monitor and respond appropriately to the potential of exposures as the onsite workforce and student population gradually increases. Progression through all phases will be dictated by NYS, SUNY and SBU policies and by the department’s readiness to operate safely.

RETURN TO WORK PHASES

Phase 1 Employees who have continued working on campus.
It is important to note that while many employees worked remotely during the last few months, those designated as Essential (including first responders, healthcare workers, facilities, and transportation personnel) remained on campus. These employees will be:

- Advised of the new health screening requirement that will begin at the onset of Phase 2.
- Reminded about the continued importance of social distancing and face covering as their colleagues return.

Phase 2 Researchers and supporting staff.
- Researchers will be among our first “returning” cohort.
- All lab preparedness plans must be completed and approved and any necessary lab organizational or scheduling changes must be implemented before researchers may return to campus.

Phase 3 High Priority – employees for whom one or more core duties cannot be performed remotely.
**Phase 4 Medium Priority** – employees for whom one or more core duties are most effectively performed onsite.

**Phase 5 Low Priority** – employees for whom effectiveness of duties is least impacted by work location.

**HEALTH SCREENING**
In accordance with current CDC guidance, the following health screening measures have been adopted:

- All non-health care employees will be required to conduct a brief health care self-screening before coming to campus. This daily self-screening will involve a temperature check and a review for COVID-19 related symptoms. These currently include shortness of breath, cough, body aches/muscle pain, sore throat, new loss of taste and/or sense of smell, fatigue, and headache. The screening must be repeated if an employee returns or remains on campus after 12 hours.
- If the temperature recorded is less than 100 F without the use of fever reducing medication, and no other symptoms are present, the employee should confirm to their supervisor/PI that they screened negative and may come to campus. An employee who screens positive for a temperature of 100 F or one or more symptoms must notify their supervisor and must not come to campus. Employees who begin to feel unwell while at work must notify their supervisor/PI and leave the campus immediately with instructions to follow. Supervisors must remind employees that their daily health screening must be completed in order to support the health and safety of their team and our campus community.
- Employees may elect to use the online health screening tool or must complete a daily log sheet available through their supervisors in order to confirm that they have completed a self-screening and that they are free of symptoms prior to reporting to work.
- Employees who identify themselves as symptomatic will be provided information about diagnostic testing, including the testing available to employees at South P lot, or where designated. They must contact the Health Information Line (HIL) at 631-632-5000 and will also be advised to seek guidance from their health care provider. The employee may not return to campus without a clearance from a healthcare provider or the HIL which must be shared with HR Time and Attendance. HRS Time and Attendance will notify the Supervisor/PI and the employee that the employee has been cleared to return to work.
- If an employee reports being symptomatic or testing positive within the past 14 days, or has knowingly been in close contact with anyone who has tested positive or who has had symptoms of COVID-19, the employee will be directed to contact the Health Information Line at 2-5000 for instructions including possible quarantine. The supervisor is encouraged to call the Health Information Line for further guidance regarding the workplace.
COMMUNICATION AND OUTREACH PLAN

Clear, transparent and ongoing communication to the campus community is an important part of the overall COVID-19 Recovery plan. Placement of key communications team members on several task forces and working groups, as well as the establishment of a dedicated marketing and communications planning group are two examples of the commitment to this effort. The creation of a Coronavirus Information Site with associated (and evolving) FAQs served as the primary hub of information during the University’s response phase. Since transitioning to recovery, the migration and cross navigation to the “Coming Back Safe & Strong” site has been implemented. FAQs are organized by questions and topics and reviewed weekly to ensure timely updates are made with evolving guidance and best practices. We have also done a weekly podcast, Beyond the Expected, that highlights practical tips, healthcare best practices and insight into the research on the coronavirus that is being done at Stony Brook.

Communications efforts have been linked directly with the facilities and events group as we prepare signage, directional messaging and the overall branding of communications associated with the first phases of returning workers (and eventually students.) In addition, and in keeping with one of our main guiding principles, a “Coming Back Safe and Strong Infection Control Awareness Campaign” is being developed. This is a collaboration between the internal communications offices of SBU& SBM to develop a PSA video series on the importance of following infection control guidance. The video series described will be four to six brief, engaging, PSA-style announcements, that will be in addition to mandatory training for all employees. The videos will support the messaging of our overall Coming Back Safe and Strong campaign, which includes a dedicated website where the videos will live. The campaign is also directed at people who have been on the worksite throughout, with the ‘coming back’ message less literal and more about how we are all coming back from the peak of the COVID crisis with renewed strength. Having a series of videos will help to ensure that we address all audiences, and comes on the heels of a highly successful Save Our Masks campaign targeted to Stony Brook’s healthcare workers. The videos will be delivered through internal/external channels.
Appendix A (Facilities Reopening Plan)

FACILITIES REOPENING PLAN STONY BROOK UNIVERSITY

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Introduction and Purpose

This Facilities Reopening Plan provides operational insight and details for resuming operations in Stony Brook University facilities. The purpose of the plan is to establish a framework for an orderly resumption of university activities, consistent with developing guidance from relevant authorities. This plan is guided by three principles (detailed below) intended to safeguard students, faculty, and staff while resuming operations as efficiently and safely as circumstances, regulatory guidance and statewide directives support.

Execution of this plan is contingent on approval from University leadership, as informed by NYS, SUNY, and regulatory health authorities. The plan requires implementation of safe work practices, including appropriate administrative controls, engineering controls, and routine use of PPE. Additionally, the plan is based on current information. As Health and Regulatory information and procedures are continually being updated, this plan will require monitoring and adjustments to remain relevant and actionable.

Plan Principles

1. **Principle #1 - Follow guidance from Leadership & Regulatory Authority**
   
   Follow the cognizant directives and guidance from NY State, SUNY, and SBU leadership. Ensure the plan fully supports Stony Brook’s missions of education, research, and health care.

2. **Principle #2 - Protect health and safety of returning workforce & students**
   
   Protect the health and safety of returning workforce and students. Health and safety are paramount, with adequate access to PPE and other safety-related supplies.

3. **Principle #3 - Create a transparent process for a phased return to operational activities**
   
   Ensure a transparent process for a phased return to operational activities. Implement as rapidly as public health conditions, guidance and approval from relevant authorities permit. Compliance oversight must be provided by relevant SBU departments and leadership.

Controls and Practices - Safeguard our Community

1. Guidance from the CDC states that the COVID-19 virus is spread mainly from person-to-person:
   
   a. Between people who are in close contact with one another (within 6 feet).
   b. Through respiratory droplets produced when an infected person coughs, sneezes or talks.
   c. Even by people who are not showing symptoms (asymptomatic).
2. This plan requires safe work practices be introduced to minimize the risk of transmission of the virus in the workplace and learning spaces in accordance with guidance from the CDC, State health authorities, and Stony Brook leadership. Safe work practices include:

a. Administrative Controls
   i. Teleworking whenever possible
   ii. Working in shifts to minimize office density

b. Engineering Controls
   i. Separation of personal workspaces or learning spaces to achieve a minimum 6’ distance. Use of other barriers between personnel when 6’ separation cannot be achieved. Examples include:
      1. Use of tape or other means such as arrows, lines, medallions, signage, etc., on counters, benchtops, seating, fixtures, and/or floors to delineate space and maintain separation of personnel.
      2. “Sneeze barriers” (e.g., plexiglass).
      3. Separation of space by doors or partitions.
      4. Separation of (or limited access to) common equipment and instrumentation to avoid close contact and cross-contamination.
      5. Separate storage of individuals’ PPE.
   ii. Posting appropriate signage at building entrances, and at essential locations within the buildings, to remind personnel of safeguard procedures.
   iii. Ensuring adequate air flow in classrooms, offices, labs, and other public spaces.
   iv. Ensuring bathrooms are stocked with soap. Ensuring hand sanitizer is available wherever possible and practical. Departments should purchase sanitizing wipes and/or spray liquid and towels for spot sanitization. Ensuring safety signage is prominently posted where appropriate.
   v. Ensuring spaces maintain egress for fire exits, emergency response equipment and ADA accessibility.

c. Personal Protective Equipment
   i. Additional PPE (if not already a normal practice) will be necessary to minimize risk of transmission and must be used in accordance with current guidance from CDC / NIH / NYS / SBU:
      1. For most of the campus community, ear-loop type face masks are appropriate and necessary.
      2. Gloves (nitrile, latex, vinyl, etc.) if appropriate.
      3. Face shield or eye protection if appropriate for work type.
4. Washable or disposable Tyvek suit/gown/lab coat if appropriate for work type.
5. N95 respirator if required by work type.

Note: When choosing between normally-required PPE and additional PPE, the most protective equipment must be used (i.e. if an N95 is required for work, you may not use an ear-loop type mask in its place).

Operational Considerations

1. Bringing buildings, which have had little usage over the past couple of months, back online requires flushing water lines and air systems. Water fountains will be drained and flushed. HVACs and AHUs will be cycled with outside air.
2. Additional locations for hand sanitizer will be identified, with consideration for the flammability of the hand sanitizer, so as to not create a fire hazard.
3. Equipment sharing should be minimized requiring either additional equipment purchases, additional PPE (i.e. gloves), or additional time to complete necessary cleaning protocols between uses.
4. To better enforce social distancing, building entrance and egress may be designated as only “entry” or “exit”. This will require extra signage inside and outside of buildings. This will be difficult to enforce, so each area will need to customize with respective Building Managers.
5. To better enforce social distancing with classrooms that have more than one door, individual classroom access and egress may be designated as only “entry” or “exit”. In addition, student entry and exit may require some type of staggering. This may also be difficult to enforce. Each space will need to be customized with Building Manager input.
6. Transportation protocols for driver and passenger safety must be established, including how to manage shared vehicles. Every effort must be made not to share vehicles without thorough disinfecting between uses.

Space Planning for Social Distancing

The Facilities & Services Department reviewed space configurations throughout campus in order to determine necessary modifications to make spaces usable in a social-distancing environment. In this new normal, there are significant reductions in seating capacity (see Appendix C & D for details).

<p>| Social Distancing Space Planning |
|-------------------------------|-----------------------------|
| Type of Space                  | Approximate Percent of Normal Occupancy |
| Classrooms                     | 45%                          |
| Lecture Halls                  | 18-22%                       |</p>
<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large Open Space</td>
<td>45%</td>
</tr>
<tr>
<td>SINC Sites</td>
<td>50%</td>
</tr>
<tr>
<td>Bathroom Urinals</td>
<td>67%</td>
</tr>
<tr>
<td>Bathroom Sinks/Lavatories</td>
<td>33%</td>
</tr>
<tr>
<td>Residential Collaborative Learning Spaces</td>
<td>20%</td>
</tr>
<tr>
<td>Residential Lounges</td>
<td>25%</td>
</tr>
<tr>
<td>Buses</td>
<td>25%</td>
</tr>
<tr>
<td>Shared Offices</td>
<td>At least 50 square feet required for each occupant</td>
</tr>
</tbody>
</table>

1. As a result of the review of the instructional spaces, additional rooms may be converted to classrooms in order to provide sufficient capacity for academic programs.

2. Physical modifications may be required in order to separate the students from service staff and/or faculty.

3. Additional modifications may be needed in offices to reduce density in shared spaces, and to provide barriers between room occupants.

4. Furniture may need to be removed from various spaces to reduce overall density. Removed furniture could be stored in unusable smaller classrooms or in rented storage containers. Fixed seating spaces will require tape or other barriers to block off seats in order to create social distancing. Lobbies and lounge areas will need to have furniture removed or taped off to limit gatherings. Signage outlining social distancing and hygiene will be needed throughout campus.

5. Spaces such as fitness centers, dining halls, lounges, etc. will need modifications to achieve better social distancing. Based on Phasing guidelines, many of these areas may be restricted from use. Additional hours for these typical gathering areas may be helpful in accommodating needs of the student population, while the closing of some spaces may be required to prevent people from congregating.

6. Project requests will be reviewed with consideration towards potential long-term changes to overall university function of spaces. Projects must be evaluated as to how each project fits into the new normal. Costs involved may be significant.

7. The Building Manager will be the central point of contact for individual office space needs, classroom needs, and signage or potential customizations. See Appendix A for Return-to-Work Facilities Support Flowchart. The Building Manager will gather facility needs from building occupants, and submit a FIXIT ticket to Campus Operations & Maintenance (COM) that will be evaluated to determine:
   a. If the request requires design and/or has code considerations, and therefore must be reviewed by Campus Planning, Design and Construction (CPDC)
   b. If the request should be referred to a furniture vendor (i.e. plexiglass partitions, furniture adds, etc.)

8. Temporary Zone Managers have been set up to support Building Managers and expedite critical facility issues. Zone Managers will also more readily be able to determine facility support trends and create
efficiencies across buildings through economies of scale. See Appendix B for Return-to-Work Zone Manager / Building Manager Organization.

HVAC (Heating, Ventilation & Air Conditioning) Equipment Start-Up

HVAC systems are a critical part of any startup and recovery plan. Each building at Stony Brook has a distinct heating, ventilation and cooling system. As we make ready our buildings for startup, each HVAC building system will be checked, serviced, and flushed which can take up to 24 hours per system. Each system will be run and serviced to operate within its design parameters.

Some basic startup services are:

1. **AIR COOLED SYSTEMS / FANS and AIR HANDLERS**
   a. Clean all outdoor condenser coils
   b. Clean all indoor evaporator coils with a cleaner and disinfectant
   c. Check the refrigerant level
   d. Inspect the drain pans and condensate drains for obstructions
   e. Check outdoor fan motors and indoor blower assemblies
   f. Lubricate moving parts
   g. Check belts for cracking and proper tension
   h. Inspect all electrical controls, wiring connections, and fuses
   i. Vacuum and disinfect all return air grills
   j. Run a general system test to check for unusual noises, odors and measure indoor/outdoor temperatures and system pressures as needed
   k. Check, clean, and lubricate all damper linkages and grills
   l. Wipe down all diffusers in the space air is being delivered
   m. Replace all filters with a higher filtration factor (up to MERV 13)

2. **COOLING TOWERS / CHILLERS**
   a. Inspect fan blades for cracks and clean
   b. Remove and clean strainer in sump
   c. Power wash tower fill and use scale remover as needed
   d. Check bottom of hot and cold decks for corrosion and rust
   e. Check the condition of the fan motor through temperature or vibration analysis and compare to baseline values
   f. Change oil in gear box if needed
   g. Inspect vibrations safety switch
   h. Clean condenser coils and check for leaks and corrosion
   i. Clean condenser fans
   j. Check bearings for wear and lubricate
   k. Tighten/adjust belts and couplings
   l. Check oil filter and change if needed
m. Check piping and compressor for any signs of leaks and test refrigerant pressures
n. Check quality of condenser and chilled water chemical levels
o. Check condition of condenser water tubes and clean if needed
p. Check refrigerant levels
q. Check refrigerant purge unit
r. Check oil heater
s. Check oil levels
t. Inspect motors and starters
u. Run a general system test to check for unusual noises, odors and measure supply/return temperatures on both condenser and chilled water and system pressures as needed
Residential Facilities

This section discusses the operational impacts of preparing residence halls for operation for fall of 2020. Planning considerations are:

1. Residence Life must plan for how resident students will be housed, either at traditional density or at something less. This will directly affect transportation and parking planning.

2. Residence Life could allow normal double occupancy while providing options for handling symptomatic students in isolation, and for those requiring precautionary quarantine. If this approach is chosen, wraparound services will be needed for quarantine and isolation. This includes meal service, laundry service, pickup of garbage, provisions for medical and mental health checks, custodial, maintenance, etc.

3. Residential Life should develop documentation to inform students of changes to prior building protocols. Examples may include limiting elevators to single person use, requiring wipe down of common spaces after use, requesting daily temperature checks, etc.

4. Lounges and other congregate spaces may need furniture removed and stored to limit gatherings.

Transportation and Parking

Stony Brook currently owns 30 full-size shuttles with capacities of 42 passengers each. With social distancing, every other seat bench will be blocked off to comply with the 6-foot guidance rule. This results in a 75% reduction in seating capacity. Each full-size shuttle will only be able to carry 10 passengers at a time (see Appendix C).

1. Engineering solutions that will be required to provide safer transportation services are:
   a. Passengers and drivers must wear masks to ride the bus.
   b. Bus drivers and passengers will be separated by a plexiglass barrier.
   c. Vehicles will be disinfected nightly (as is currently happening).
   d. Each vehicle will have a hand sanitizer station.
   e. Each vehicle will have sanitizing wipes.
   f. Social distancing devices and signage will be installed in shuttles and at bus stops and shelters to remind passengers of the importance of social distancing.

2. Equipment requirements for shuttles:
   a. The quantity of transit shuttles will depend on University attendance and ridership.
   b. Based on attendance, SBU Transit may need to adjust routes/times (or increase shuttles/drivers).
3. Parking considerations:
   a. If occupancy on campus is reduced, commuters could be allowed to park in underutilized lots in the core of campus which would ease the strain on the shuttle system. We further recommend a relaxation of parking regulations during lower occupancy/startup times (Phases 1 and 2).
   b. The parking areas currently identified as underutilized and targeted for temporary reallocation are:
      i. Tabler Residence lot - 147 spaces
      ii. Stadium Premium Paid Brown Zone lot - 288 spaces
      iii. Heavy Engineering metered lot - 51 spaces
   c. Revenue would be sacrificed in the Stadium Premium Paid Brown Zone lot and Heavy Engineering metered lots to accommodate this course of action.
   d. Additional parking availability in the core of campus will be discussed with Residence Life as their Fall housing plans solidify.

Custodial Cleaning and Disinfecting Protocols

Protocols for regular cleaning and/or disinfecting of academic and residential buildings:

1. Definitions in accordance with CDC guidelines:
   a. **Disinfection (or Deep cleaning)** - a process that eliminates pathogenic microorganisms, except bacterial spores, on inanimate objects. Objects are usually disinfected by liquid chemicals or wet pasteurization. Custodial staff use an EPA-approved disinfectant to coat and wipe down all accessible/visible surfaces. Disinfectant is known to kill COVID-19 on hard non-porous surfaces.
   b. **Regular cleaning** - the removal of visible soil (e.g., organic and inorganic material) from objects and surfaces and normally is accomplished manually or mechanically using water with detergents or enzymatic products.
   c. **Sterilization** - describes a process that destroys or eliminates all forms of microbial life and is carried out in health-care facilities by physical or chemical methods. Steam under pressure, dry heat, EtO gas, hydrogen peroxide gas plasma, UV lighting exposure and liquid chemicals are the principal sterilizing agents used in health-care facilities.

2. Cleaning protocol for areas where someone suspected of having (or confirmed to have) COVID-19
a. Cleaning staff will wait 24 hours after the person has left the area before entering to clean and disinfect. If 24 hours is not feasible, cleaning staff will wait as long as possible. Cleaning staff will wear face masks, disposable gloves, gowns and goggles for all tasks in the cleaning process, including handling trash.

b. Cleaning and disinfection will be performed in accordance with guidelines from the NYSDOH and CDC. This includes the use of EPA-approved disinfectants, following the manufacturer’s instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.

c. Disinfecting these areas (i.e. deep cleaning) includes safely providing a full saturation of disinfectant to all surfaces including walls, ceilings, fixtures, floors, under cabinets, behind machines, tops of cabinets, etc. In some larger areas, electrostatic sprayers and UV foggers with disinfecting agents are also used.

d. If it has been more than 7 days since the person with suspected/confirmed COVID-19 was present, neither additional cleaning nor disinfection is necessary. In these cases, cleaning staff will follow normal procedures for regular cleaning including disinfection of high-traffic, high-touch areas.

3. Routine cleaning protocol
   a. Regular cleaning, as prescribed by building occupancies, continues. Priorities have been adjusted to provide for increased cleaning and disinfecting of high-traffic, high-touch surfaces.

   b. Examples of high-touch surfaces include:
      i. Stair railings
      ii. Exterior and interior door hardware and surfaces
      iii. Light switches
      iv. Restroom fixtures, partitions, faucets, toilet paper/paper towel dispensers
      v. Elevator control panels and call buttons
      vi. Common area kitchen countertops and appliances
      vii. ADA handicap door push plates
      viii. Water fountains and bottle filling stations

   c. Examples of high-traffic areas include:
      i. Restrooms
      ii. Building entrances
      iii. Classrooms, lounges, and meeting spaces
      iv. Hallways
d. Disinfecting high-touch surfaces in high-traffic areas is performed at least daily (and more frequently as schedules allow).

e. Regular cleaning follows check-outs from all residential rooms, with additional focus to disinfect surfaces which are not normally accessible under occupancy.

f. Hand-sanitizing stations are installed throughout the campus at main entry/exit points of buildings. Additional hand-sanitizing stations will be provided in high-traffic areas as supplies become available.

g. The Campus Community is encouraged to practice preventative cleaning in their personal offices and/or residential spaces which are not normally accessible to the cleaning staff. Supplemental cleaning of teaching spaces and office spaces not regularly accessible to the custodial staff should be performed as needed by room occupants / faculty with supplies provided by their department.
4. Typical SBU Custodial cleaning tasks and frequencies are in the table below:

<table>
<thead>
<tr>
<th>Location Type</th>
<th>Cleaning Provided</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Buildings</td>
<td>Start day by removing any possible contaminated refuse and recyclables from buildings</td>
<td>Daily</td>
</tr>
<tr>
<td>All Buildings</td>
<td>Apply EPA-approved disinfectant to all refuse &amp; recyclable containers and surfaces</td>
<td>Daily</td>
</tr>
<tr>
<td>All Buildings</td>
<td>Apply EPA-approved disinfectant to all public restrooms and public areas</td>
<td>Daily</td>
</tr>
<tr>
<td>Public Restrooms</td>
<td>Disinfect all toilets, sinks, urinals, and mirrors. Remove trash, sweep and mop floors, replace paper products and hand soap.</td>
<td>Daily and as needed</td>
</tr>
<tr>
<td>Entrances, Lobbies, Hallways and Restrooms</td>
<td>Disinfect all high-touch areas</td>
<td>Daily</td>
</tr>
<tr>
<td>Lobbies</td>
<td>Sweep, mop and/or auto scrub floors, vacuum carpets and entrance mats, remove trash, clean water fountains, wipe furniture, clean glass doors, police exterior entrances</td>
<td>Daily</td>
</tr>
<tr>
<td>Hallways</td>
<td>Sweep, mop, and/or auto scrub floors</td>
<td>Weekly and as needed</td>
</tr>
<tr>
<td>Classrooms</td>
<td>Remove trash, sweep, spot mop floors. Disinfect surfaces daily.</td>
<td>Daily and as needed</td>
</tr>
<tr>
<td>Lecture Halls</td>
<td>Remove trash, sweep, spot mop floors. Disinfect surfaces daily.</td>
<td>Daily and as needed</td>
</tr>
<tr>
<td>Offices / Cubicles</td>
<td>Spot clean, hi-dust, dust, spot mop hard floors</td>
<td>As needed</td>
</tr>
<tr>
<td>Offices / Cubicles</td>
<td>Remove waste and recycling</td>
<td>Weekly and as needed</td>
</tr>
<tr>
<td>Stairwells</td>
<td>Disinfect hand rails and door knobs</td>
<td>Daily</td>
</tr>
<tr>
<td>Carpeted Floors</td>
<td>Vacuum private offices, office suites, office cubicles</td>
<td>Monthly</td>
</tr>
<tr>
<td>Carpeted Floors</td>
<td>Vacuum public spaces, hallways, carpeted classrooms, conference rooms, lecture halls</td>
<td>Bi-monthly and as needed</td>
</tr>
<tr>
<td>Carpeted Floors</td>
<td>Shampoo private offices, office suites, office cubicles</td>
<td>On request w/funding</td>
</tr>
<tr>
<td>Carpeted Floors</td>
<td>Shampoo public spaces, hallways, carpeted classrooms, conference rooms, lecture halls</td>
<td>Annually</td>
</tr>
<tr>
<td>Tile Floors</td>
<td>Dust mop, damp mop, spot mop</td>
<td>Daily</td>
</tr>
<tr>
<td>Light Fixtures</td>
<td>Relamp (below 10 feet)</td>
<td>As needed</td>
</tr>
<tr>
<td>Chalkboards</td>
<td>Erase and wash</td>
<td>Weekly</td>
</tr>
<tr>
<td>Whiteboards</td>
<td>Erase and wipe down with cleaner</td>
<td>Weekly</td>
</tr>
</tbody>
</table>
Checklist for Returning to Work

1. Review your particular work space / classroom space and be cognizant of the 6-foot guidelines to achieve social distancing outlined in this document. Consider entry and exit routes.

2. Have you considered alternate work locations for staff and occupants?

3. Does your current space need to be customized or altered for proper social distancing? Do the traffic patterns in your space lend itself to social distancing? Consult the guidelines in this report as a start. If needed, see your Building Manager to submit a FIXIT ticket in the work order management system.

4. Purchase sanitizing wipes and hand sanitizer for your spaces. Keep all surfaces clean and disinfected.

5. Ensure there is appropriate signage posted at building/office/classroom entrances, and at essential locations within the buildings to remind personnel of safeguard procedures with social distancing. Consult your Building Manager for changes or additions to that signage.

6. Typically there is adequate airflow in classrooms, offices, labs, and other public spaces. However, if there seems to be limited airflow, please see your Building Manager or call x2-6400 for service. We will dispatch an HVAC person to verify airflow.

7. Ensure bathrooms are stocked with soap and hand towels. Wash your hands frequently. See your Building Manager to let them know if supplies or sanitation of the room is inadequate. To help in the sanitizing effort, departments need to purchase sanitizing wipes for spot sanitization of their own spaces (kitchens, pantries, break areas, lounges, desktops, workstations, etc).

8. Additional PPE (if not already a normal practice) may be necessary to minimize risk of transmission and must be used in accordance with current guidance from CDC / NIH / NYS / SBU.

Frequently Asked Questions

1. Maintenance
   a. What do I do when a maintenance worker comes to perform a maintenance task in my classroom, office, or cubicle?

      You should continue active social distancing, maintaining a distance of at least 6 feet between yourself and the worker. In addition, you should ensure that both you and the
maintenance worker are wearing a face covering. Please note, we will always try to ensure you are provided with adequate notice when a maintenance repair is scheduled. If you are uncomfortable with someone in your office space or environment, we can reschedule the work to a more convenient time.

b. **Were my building’s water systems addressed after being out of regular use for the last few months?**

Yes. With respect to potable water... toilets were flushed, faucets were run, fire safety systems were inspected, open site drains were inspected, and floor traps were flushed.

c. **Who do I contact for questions about maintenance and guidance on COVID-19 questions and protocols?**

If the question is about maintenance, cleaning, or signage you should contact your Building Manager for answers. Also, please consult the SBU coronavirus resource link at: [https://www.stonybrook.edu/commcms/coronavirus](https://www.stonybrook.edu/commcms/coronavirus)

Or the SBU Coming Back Safe and Strong resource link at: [https://www.stonybrook.edu/commcms/comingback/faqs.php](https://www.stonybrook.edu/commcms/comingback/faqs.php)

2. Custodial

a. **What is the difference between cleaning and disinfecting?**

See Custodial Cleaning and Disinfection Protocols section above.

b. **What are the Regular Cleaning services performed in my work area and at what intervals are they performed?**

See Custodial Cleaning and Disinfection Protocols section above.

c. **What is high-touch cleaning?**

High-touch cleaning is disinfecting all surfaces that are regularly touched by multiple people throughout the day (i.e. light switches, door knobs, handrails, restroom fixtures, water fountains, etc). All high-touch areas of buildings are cleaned at least once per day. SBU protocol requires custodians to wear gloves and use disposable cleaning clothes/towels when performing this work. They spray on and wipe down these surfaces using a disinfectant product called Oxivir Five.

d. **How often are high-touch/high-traffic areas being cleaned, such as elevator buttons, railings, door handles and water bottle filling stations?**

See Custodial Cleaning and Disinfection Protocols section above.

e. **Will my building be cleaned / disinfected prior to my return to work?**

See Custodial Cleaning and Disinfection Protocols section above.
f. **What is the protocol for Custodial employees entering my office to clean/empty my waste receptacles?**

   In an effort to maintain social distancing, please leave your waste receptacle outside your office door when it needs to be emptied. If a custodian needs to enter your office, and you are unable to vacate the space, both you and the custodian must wear face coverings.

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g. **What is the policy for disinfecting an area of a building where a student or employee has tested positive for COVID 10?**

   See Custodial Cleaning and Disinfection Protocols section above.

---

h. **What is the policy for disinfecting an area of a building where an employee has been in close proximity to someone who has tested positive for COVID-19.**

   See Custodial Cleaning and Disinfection Protocols section above.

---

i. **Was cleaning done in the residence halls while students were away?**

   Yes. All cleaning and disinfection processes and procedures were conducted as per CDC & NYSDOH guidelines.

---

j. **How often are the restrooms being cleaned?**

   See Custodial Cleaning and Disinfection Protocols section above.

---

k. **How often are public spaces cleaned?**

   See Custodial Cleaning and Disinfection Protocols section above.

---

3. HVAC

   a. **Can COVID-19 be transmitted through HVAC systems?**

      HVAC systems do not largely contribute to infectious disease transmission, including COVID-19. In fact, HVAC filters help to reduce virus transmission while removing other air contaminants that may have health effects.


---

   b. **Should HVAC systems be turned off to prevent the spread of COVID-19?**

      The American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) officially opposes the advice “not to run HVAC systems” and instead recommends keeping them on during this time to help control the spread of the virus. In fact, HVAC filters help to reduce virus transmission while removing other air contaminants that may have health effects.

c. When reoccupying buildings, what measures should be taken to return the HVAC system to normal operation?

ASHRAE recommends ensuring all buildings are placed back into normal operation if they had previously been placed in unoccupied mode due to building closures. ASHRAE also recommends a “flush out” of the building air by opening all outside air dampers to 100% for a minimum of 4 hours before the reoccupation as long as acceptable indoor temperature and humidity can be maintained. Upon completion of the “flush out”, the damper positions should be placed back to normal operation. Verifying proper operation of all building HVAC systems is also recommended.

https://www.ashrae.org/technical-resources/frequently-asked-questions-faq

SBU Facilities & Services will ensure all unoccupied buildings are “flushed out” prior to occupancy. Buildings that have been in normal operation throughout the pandemic do not require a flush out.

d. Should the HVAC filters be replaced?

ASHRAE recommends that all filters be checked to ensure they are in acceptable condition and consider increasing the level of filtration in Air Handling Units on a temporary basis upon opening the building as long as the units are designed for the additional pressure drop and can maintain proper airflow.

https://www.ashrae.org/technical-resources/frequently-asked-questions-faq

Out of an abundance of caution, the Facilities & Services Department is replacing all HVAC filters. Typically, HVAC filters are replaced once a year or as needed based on their condition and use. In a typical year, filters are replaced after the tree pollen season. We are replacing all HVAC filters with the highest filtration rating that design parameters allow (up to MERV 13).

e. Should the HVAC ducts be cleaned before reoccupying the building?

Duct cleaning is not effective against room-to-room infections because the ventilation system is not a contamination source. Normal duct cleaning and maintenance procedures will continue to be followed. https://www.rehva.eu/activities/covid-19-guidance

4. Transportation

a. How is Transportation ensuring health and safety on SBU buses?

i. All passengers are required to wear face coverings
ii. Seating separated at 6 feet minimum distances from others
iii. Vehicles are disinfected each night
b. How is Transportation ensuring health and safety at SBU bus shelters?
   i. Shelters are disinfected daily
   ii. If the shelter is small, one person at a time should be in the shelter unless a mask is being worn.

c. How is Transportation ensuring health and safety in our Auto Repair Shop?
   i. Mechanics are wearing face coverings and gloves when entering and working on vehicles.
   ii. Mechanics wipe down high-touch areas in vehicles when receiving from them from departments, and returning them to departments.
Appendix A - Return-to-Work Facilities Support Flowchart

RETURN-TO-WORK FACILITIES SUPPORT FLOW

Facilities requests from faculty and staff in academic units → Reviewed and approved by Dept Chairs

Restarting Research Plans submitted by Faculty PIs → Reviewed and approved by Supervisors

Facilities requests from staff in non-academic units

Before approving Return-to-Work Plans, Dept Chairs / Supervisors must verify # and location of personnel, access, facilities support needed with Bldg Mgrs

Building Manager*

Contact Access Control via accesscontrol@stonybrook.edu for personnel access.

Access Control

SET and/or Facilities Planning Group may update guidance for campus facilities based on local conditions and/or SUNY, NYS, local govt guidelines.

Zone Manager

Facilities Planning Group (includes F&S and Provostial representation)

Senior Executive Team (SET)

Facilities and Services

Return to Work Plans submitted by supervisors

As direct links to F&S, Zone Mgrs ensure facilities support and engineering controls support occupancy levels/locations.

Zone Managers (most of whom are F&S employees) can expedite critical support issues for Bldg Mgrs and Departments, determine trends across bldgs, and create efficiencies through economies of scale.

* Bldg Managers coordinate requirements with Directors of Labs, Facilities Directors, relevant Dept Chairs, Assoc/Asst Deans for Facilities and Operations and Zone Managers.
Appendix C - Social Distancing Plan Examples

Figure 1 – Lecture Hall Social Distancing Mock-Up
Figure 2 – Lecture Hall Social Distancing Mock-Up

EXISTING LECTURE HALL
1/8" = 1'-0"
106 EXISTING SEATS WITH (5) ACCESSIBLE SPACES

LECTURE HALL W/ 6' D SOCIAL DISTANCING
1/8" = 1'-0"
20 SEATS
• SOCIAL DISTANCING IS 18% OF NORMAL
Figure 3 – Lecture Hall Social Distancing Mock-Up

LECTURE RM 110
218 SEATS
3129sf

LECTURE HALL W/6’D SOCIAL DISTANCING
1” = 1’-0”
EXISTING SEATS: 218

• SOCIAL DISTANCING IS 20% OF NORMAL
Figure 4 – Lecture Hall Social Distancing Mock-Up

THEATRE W/6'D SOCIAL DISTANCING

3/32" = 1'-0"

EXISTING SEATS: 239

- SOCIAL DISTANCING IS 16% OF NORMAL
Figure 5 – Lecture Hall Social Distancing Mock-Up

EXISTING RECITAL HALL
3/32" = 1'-0"
360 EXISTING SEATS

RECITAL HALL W/SOCIAL DISTANCING
3/32" = 1'-0"
52 SEATS

* SOCIAL DISTANCING OCCUPANCY IS 14% OF NORMAL
Figure 6 – Lecture Hall Social Distancing Mock-Up

LECTURE HALL W/6’D SOCIAL DISTANCING

1/8” = 1’-0”

EXISTING SEATS: 366
• SOCIAL DISTANCING IS 17% OF NORMAL
Figure 7 - Classroom Social Distancing Mock-Up

EXISTING CLASSROOM
1/8" = 1'-0"
77 EXISTING SEATS

CLASSROOM W/6' D SOCIAL DISTANCING
1/8" = 1'-0"
35 SEATS
* SOCIAL DISTANCING IS 45% OF NORMAL
Figure 8 - Classroom Social Distancing Mock-Up

CLASSROOM W/ 6' D SOCIAL DISTANCING
3/32" = 1'-0"
460 EXISTING SEATS
154 SEATS
* SOCIAL DISTANCING IS 33% OF NORMAL
Figure 9 - Classroom Social Distancing Mock-Up

CLASSROOM W/6' D SOCIAL DISTANCING
3/32" = 1'-0"
180 EXISTING SEATS
50 SEATS
* SOCIAL DISTANCING IS 33% OF NORMAL
Figure 10 - Classroom Social Distancing Mock-Up

CLASSROOM W/ 6' D SOCIAL DISTANCING
1/8" = 1'-0"
168 EXISTING SEATS
93 SEATS
• SOCIAL DISTANCING IS 58% OF NORMAL
Figure 11 - Classroom Social Distancing Mock-Up

CLASSROOM W/ 6' D SOCIAL DISTANCING
1/8" = 1'-0"
110 EXISTING SEATS
54 SEATS
- SOCIAL DISTANCING IS 49% OF NORMAL
Figure 12 - Classroom Social Distancing Mock-Up

CLASSROOM W/6' ID SOCIAL DISTANCING
3/32" = 1'-0"
EXISTING SEATS: 60
55
* SOCIAL DISTANCING IS 91% OF NORMAL
Figure 13 - Classroom Social Distancing Mock-Up

Classroom W/6'D Social Distancing
3/32" = 1'-0"
Existing Seats: 100
: 58
Social distancing is 58% of normal

Stony Brook University
Campus Planning, Design & Construction
Research and Support Service, Suite 160
Stony Brook, NY 11794-5010
Figure 14 - Classroom Social Distancing Mock-Up

CLASSROOM W/6' D SOCIAL DISTANCING
1/8" = 1'-0"

EXISTING SEATS: 75
77

- SOCIAL DISTANCING IS 102% OF NORMAL
Figure 15 - Classroom Social Distancing Mock-Up

CLASSROOM W/6’D SOCIAL DISTANCING
1/8” = 1’-0”

EXISTING SEATS: 120
57
• SOCIAL DISTANCING IS 44% OF NORMAL
Figure 16 - SINC Site Social Distancing Mock-Up

- **EXISTING SINC SITE**
  - 1/8" = 1'-0"
  - 24 EXISTING COMPUTER STATIONS

- **SINC SITE W/SOCIAL DISTANCING**
  - 1/8" = 1'-0"
  - 12 COMPUTER STATIONS
  - SOCIAL DISTANCING OCCUPANCY IS 50% OF NORMAL
Figure 17 - Gang Toilet Social Distancing Mock-Up
### Summary of Instructional Spaces with reduced occupancy:

<table>
<thead>
<tr>
<th>Room Configuration</th>
<th>Total of each space type</th>
<th>Average of % Yield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Table &amp; Swing Arm Sts.</td>
<td>41</td>
<td>22.0%</td>
</tr>
<tr>
<td>Fixed Theater &amp; Loose Seats</td>
<td>1</td>
<td>21.8%</td>
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<tr>
<td>Fixed Theater Tablet Arms</td>
<td>24</td>
<td>18.0%</td>
</tr>
<tr>
<td>Loose Seats</td>
<td>101</td>
<td>45.0%</td>
</tr>
<tr>
<td>Large Open Space</td>
<td>16</td>
<td>44.6%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>183</strong></td>
<td><strong>36.1%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adjusted Occupancy Range</th>
<th>Total Spaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-24</td>
<td>135</td>
</tr>
<tr>
<td>25-49</td>
<td>27</td>
</tr>
<tr>
<td>50-74</td>
<td>10</td>
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<tr>
<td>75-99</td>
<td>9</td>
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<tr>
<td>Over 100</td>
<td>2</td>
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<tr>
<td><strong>Grand Total</strong></td>
<td><strong>183</strong></td>
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<tr>
<td>Building Name</td>
<td>Floor</td>
</tr>
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<td>-------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>STUDENT ACTIVITY CENTER</td>
<td>01</td>
</tr>
<tr>
<td>LDS CENTER/H-QUAD</td>
<td>00</td>
</tr>
<tr>
<td>STUDENT UNION</td>
<td>02</td>
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<tr>
<td>FINE ARTS CENTER W/ADDN</td>
<td>02</td>
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<td>FINE ARTS CENTER W/ADDN</td>
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<td>FINE ARTS CENTER W/ADDN</td>
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<tr>
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</tr>
<tr>
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</tr>
<tr>
<td>SPORTS COMPLEX</td>
<td>01</td>
</tr>
<tr>
<td>TABLER CAFE &amp; ARTS</td>
<td>01</td>
</tr>
<tr>
<td>JAVITS LECTURE CENTER</td>
<td>01</td>
</tr>
<tr>
<td>Building Name</td>
<td>Floor</td>
</tr>
<tr>
<td>----------------------------</td>
<td>-------</td>
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Appendix B (Return to Work)
Returning Remote Workers to Campus Working Together to Promote a Safe Work Environment

When Employees Will Return - A Phased Approach

As we prepare for those working remotely to return to the campus we will be implementing a gradual or incremental /phased return based upon operational need, and employee safety. To that end, a phased approach will allow us to monitor operational issues and workplace safeguards and adjust as needed prior to returning additional employees to the campus.

The 5 phases:

**Phase 1 Employees who have remained working on campus.**
It is important to note that while many worked remotely during the last few months those designated as essential (including first responders, healthcare workers, facilities, and transportation personnel) remained on campus. These employees will be:
- Advised of the new health screening requirement which will begin at the onset of Phase 2.
- Reminded about the continued importance of social distancing and face covering as their colleagues return.

**Phase 2 Researchers and supporting staff.**
Researchers will be among our first “returning” cohort.
- For these employees the lab preparedness plan must be completed and approved following the phased approach identified in that plan as we await final guidance and approvals from SUNY and the local regional control group.

**Phase 3 High Priority – employees for whom one or more core duties cannot be performed remotely.**

**Phase 4 Medium Priority – employees for whom one or more core duties are most effectively performed onsite.**

**Phase 5 Low Priority – employees for whom effectiveness of duties is least impacted by work location.**

Progression through all phases will be dictated by NYS, SUNY and SBU policies and by the department’s readiness to operate safely.

**Special Considerations**
- Any requests to continue full time remote work due to medical conditions or high risk factors on the part of the employee or a member of the employee’s family must be referred to the
COVID-19 Health Information Line. Non-medical related requests should be referred to Human Resources, and Human Resources will work collaboratively with the supervisor and employee to explore whether options may be available. Requests for accommodation under the Americans with Disabilities Act will be referred to the Office of Equity and Access (OEA), formerly OIDE.

**Safeguarding the Campus Workforce**

Guidance from the CDC states that the virus is thought to spread mainly from person-to-person:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Studies have shown that COVID-19 may be spread by people who are not showing symptoms.

The plan requires safe work practices to be introduced and followed to minimize the risk of transmission of the coronavirus in the workplace in accordance with guidance from the CDC, State health authorities, and Stony Brook leadership.

1. **Face Coverings / Masks**

   Employees must wear face coverings which cover their nose and mouth when required social distancing is not possible. Particular care must be taken to wear face protection when transiting public spaces (e.g., hallways, elevators, bathrooms) in case of unexpected infringement of social distancing. Employees will be provided with two (2) cloth face coverings. Employees may also opt to wear their own face coverings.

2. **Physical Separation / Social Distancing**

   - Separation of personal workspaces to achieve minimum 6’ distance, or other barriers between personnel when otherwise needed. Examples include:
     - Staggered use of space.
     - Use of tape on benchtops and/or floors to delineate space and maintain separation of personnel.
     - Procurement of “sneeze barriers” (e.g., plexiglass).
     - Separation of or limited access to commonly used equipment to avoid close contact and cross-contamination.
     - Separate storage of individuals’ PPE.
   - Post appropriate signage at entrances and at essential locations on campus and within buildings to remind personnel of safeguard procedures.
   - Ensure adequate air flow in offices and buildings.

3. **Health Screening**

   In accordance with current CDC guidance, the following health screening measures have been adopted:

   - In order to help protect our campus colleagues from exposure to the coronavirus while at work, all non-health care employees will be required to conduct a brief health care self-screening before coming to campus. This daily self-screening will involve a temperature check...
and a review for COVID-19 related symptoms. These currently include shortness of breath, cough, body aches/muscle pain, sore throat, new loss of taste and/or sense of smell, fatigue, and headache. For an employee who returns or remains on campus after 12 hours this screening must be repeated.

- If the temperature recorded is less than 100 F without the use of fever reducing medication, and no other symptoms are present, the employee should confirm to their supervisor/PI that they screened negative, and may come to campus. An employee who screens positive for a temperature of 100 F or one or more symptoms must notify their supervisor and must not come to campus. If during the day an employee begins to feel unwell they should notify their supervisor/PI and leave the campus immediately with instructions to follow. Supervisors must remind employees that their daily health screening must be completed in order to support the health and safety of their team and our campus community.

- Employees may elect to use the online health screening tool or must complete a daily log in order to confirm that they have completed a self-screening, and that they are free of symptoms prior to reporting to work. Employees will receive a separate email detailing the online self-screening option.

- Employees who identify themselves as symptomatic are provided information about diagnostic testing, including the testing currently available to employees at South P lot, or where designated. They must contact the Health Information Line (HIL) at 631-632-5000 and will also be advised to seek guidance from their health care provider. The employee may not return to campus without a clearance from their healthcare provider or the HIL which must be shared with HR Time and Attendance at hrs_timeatt@stonybrook.edu. HRS Time and Attendance will notify the Supervisor/PI and the employee that the employee has been cleared to return to work.

- If an employee reports that they are symptomatic, or has tested positive within the past 14 days, or has knowingly been in close contact with anyone who has tested positive or who has had symptoms of COVID-19, the employee should be directed to contact the Health Information Line at 2-5000 for instructions including possible quarantine. The supervisor is encouraged to call the Health Information Line for further guidance regarding the workplace.

4. Cleaning Protocols for regular cleaning and/or disinfecting of buildings

Cleaning definitions in accordance with CDC guidelines:

- Disinfection (or Deep Cleaning) - a process that eliminates pathogenic microorganisms, except bacterial spores, on inanimate objects. Objects are usually disinfected by liquid chemicals or wet pasteurization. Custodial staff use an EPA-approved disinfectant to coat and wipe down all accessible/visible surfaces. Disinfectant is known to kill COVID-19 on hard non-porous surfaces.

- Regular cleaning - the removal of visible soil (e.g., organic and inorganic material) from objects and surfaces and normally is accomplished manually or mechanically using water with detergents or enzymatic products.

- Sterilization - describes a process that destroys or eliminates all forms of microbial life and is carried out in health-care facilities by physical or chemical methods. Steam under pressure, dry heat, EtO gas, hydrogen peroxide gas plasma, UV lighting exposure and liquid chemicals are the principal sterilizing agents used in health-care facilities.
Cleaning protocol for areas where someone suspected of having (or confirmed to have) COVID-19 has been:

● Access to the immediate work area should be restricted. Supervisors should call the Health Line at 2-5000 to determine if other employees should leave the area until after the cleaning and disinfecting.
● Cleaning staff will wait 24 hours after the person has left the area before entering to clean and disinfect. If 24 hours is not feasible, cleaning staff will wait as long as possible. Cleaning staff will wear face masks, disposable gloves, gowns and goggles for all tasks in the cleaning process, including handling trash.
● Cleaning and disinfection will be performed in accordance with guidelines from the NYSDOH and CDC. This includes the use of EPA-approved disinfectants, following the manufacturer’s instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.
● Disinfecting these areas (i.e. deep cleaning) includes safely providing a full saturation of disinfectant to all surfaces including walls, ceilings, fixtures, floors, under cabinets, behind machines, tops of cabinets, etc. In some larger areas, electrostatic sprayers and UV foggers with disinfecting agents are also used.
● If it has been more than 7 days since the person with suspected/confirmed COVID-19 was present, neither additional cleaning nor disinfection is necessary according to the CDC. In these cases, cleaning staff will follow normal procedures for regular cleaning including disinfection of high-traffic, high-touch areas.

Regular cleaning protocol:

● Regular cleaning, as prescribed by building occupancies, continues. Priorities have been adjusted to provide for increased cleaning and disinfecting of high-traffic, high-touch surfaces.
● Examples of high-touch surfaces include:
  o Stair railings
  o Exterior and interior door hardware and surfaces
  o Light switches
  o Restroom fixtures, partitions, faucets, toilet paper/paper towel dispensers
  o Elevator control panels and call buttons
  o Common area kitchen countertops and appliances
  o ADA handicap door push plates
  o Water fountains and bottle filling stations
● Examples of high-traffic areas include:
  o Restrooms
  o Building entrances
  o Classrooms, lounges, and meeting spaces
  o Hallways
  o Dining areas
● Disinfecting high-touch surfaces in high-traffic areas is performed at least daily (and more frequently as schedules allow).
● Regular cleaning follows check-outs from all residential rooms, with additional focus to disinfect surfaces which are not normally accessible under occupancy.
Hand-sanitizing stations are installed throughout the campus at main entry/exit points of buildings. Additional hand-sanitizing stations will be provided in high-traffic areas as supplies become available.

The Campus Community is encouraged to practice preventative cleaning in their personal offices and/or residential spaces which are not normally accessible to the cleaning staff. Supplemental cleaning of teaching spaces and office spaces not regularly accessible to the custodial staff should be performed as needed by room occupants/faculty with supplies provided by their department.

The cleaning protocols can be viewed here.

**Expanded Business Hours and Flexible Schedules**

Current administrative business hours typically span from 8:00 a.m. to 5:00 p.m. To facilitate a safe restart to the workplace, an expansion of business hours may be implemented, extending business hours from 6:00 a.m. through 8:00 p.m. The expansion of business hours provides management and staff greater flexibility in meeting work obligations and personal obligations while supporting social distancing requirements. This flexibility in no way serves to require employees to work extended/longer hours. Employees will continue to perform their normal professional obligation. Employees should be encouraged to report to their worksites within the above-noted window with requested schedules subject to supervisor’s approval.

Supervisors are encouraged to work collaboratively with employees in determining flexible scheduling arrangements which meet the operational needs of the University, optimize social distancing, and consider the needs of the employee. Supervisors must follow applicable seniority provisions where required under collective bargaining agreements. All approved work schedules must be maintained by the supervisor. Employees requesting a change from the approved schedule require approval from their supervisor. Questions concerning work schedules should be directed to the Office of Employee and Labor Relations or the Department of Human Resources.

Flexible schedule options include:
- Staggered workweeks/workdays
- Rotating schedules, i.e. staff teams working alternating weekly/bi-weekly schedules
- Full-time or intermittent remote work assignments (telecommuting)

Alternative work schedules are expected to be temporary during the COVID event and shall have no impact on the employee’s overall professional obligation.

**COVID-19 Return to Work Plan**

The Department Return to Work Plan provides guidance on helping to create a pathway to the safe return to the workplace. Please consider/evaluate all items set forth in the template and check off items/boxes that are applicable, adding notes where necessary to outline any additional/alternate measures in the notes section. Once completed this plan must be signed by the Department Head/Chair and submitted to the Dean of your College/School or Senior/Vice President for review and approval.
For further information contact:
• West Campus/HSC/SOM Human Resource Services: (631) 632-6161
• Hospital Human Resources: (631) 444-4700
• Long Island State Veteran’s Home Human Resources: (631) 444-8617

(This document is subject to revision as new information and guidance arises)

**COVID-19 Department Return-to-Work Plan**

Departments seeking approval to bring staff back to the worksite must document the measures that will be taken to help create a safe workplace for their staff and others in this Return to Work Plan. These measures must include but are not limited to basic infection prevention measures, social distancing and the wearing of face coverings, within the areas where workers are assigned. This plan must be signed by the Department Head/Chair and submitted to the Dean of your College/School or Vice President/Senior Vice President for review and approval.

**Department Information**

<table>
<thead>
<tr>
<th>Prepared by:</th>
<th>Dept./Division:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Admin. Office:</td>
</tr>
<tr>
<td>Email:</td>
<td>College/School:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Return Phase (1-5):</td>
</tr>
</tbody>
</table>

**Location(s) of Use**

List buildings, rooms numbers, and a description of the space where workers are assigned, and indicate the number of employees who previously occupied the space and how many will occupy the space in this phase indicated.

<table>
<thead>
<tr>
<th>Building</th>
<th>Rm. #</th>
<th>Description</th>
<th># Emp. Pre-Covid</th>
<th>Max # Employees</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Basic Infection Prevention Measures**

*Preventing the spread of the Coronavirus Disease 2019 (COVID-19) is everyone’s responsibility.*

Check items below to confirm that you will implement and comply with each of the following measures to help prevent the spread of the virus. List any additional measures or comments in the Notes section.

<table>
<thead>
<tr>
<th>Core Preparedness Responsibilities</th>
<th>Notes</th>
</tr>
</thead>
</table>
Share information and post notices to promote and encourage students, faculty, staff and visitors to follow measures to prevent the spread of coronavirus disease (COVID-19).

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- Use a hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Cover coughs and sneezes.
- Avoid touching your eyes, nose and mouth.

Remind employees to monitor their health each day before coming to work using the Stony Brook University COVID-19 Employee Symptom Screener or maintaining a daily log.

Require employees to stay home/leave work if they are symptomatic, and to call the COVID Health Information Line (631-632-2500).

Advise employees to clean and disinfect frequently touched surfaces in their own workspaces daily. This includes tables, desks, phones, keyboards, etc.

Provide supplies (e.g., soap, paper towels, hand sanitizer, tissues) to support healthy hygiene practices.

Discourage workers from using other workers’ phones, desks, offices, or other work tools and equipment, when possible.

Other

Note: Facilities & Services will perform routine housekeeping practices of public use spaces, such as lobbies, hallways, bathrooms, offices and classrooms, etc., including disinfecting of high-touch surfaces (e.g. door handles, elevator buttons, water fountains, etc.), and will follow established cleaning protocols for areas when someone has either tested positive for COVID-19, is presumptive positive or is symptomatic for the virus without testing.

### Social Distancing

**Social distancing is the practice of keeping space between people to avoid spreading the COVID-19 virus.**

Check items below to identify the administrative and engineering controls that you will implement to maintain social distancing. Social distancing requires that employees remain at least 6 feet apart (about 2 arms’ length) from one another. List any additional measures or comments in the Notes section.

<table>
<thead>
<tr>
<th>Core Preparedness Responsibilities</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Determine job functions that can be performed remotely from alternate work locations or at home.</td>
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<tr>
<td>Adjust work schedules for all or part of the workweek (e.g. telecommuting, staggered days/hours, compressed workweeks, reduced/flexible work schedules).</td>
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<tr>
<td>Workstations are separated by at least 6’ from each other and includes space for movement between workstations.</td>
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</tr>
<tr>
<td>Establish virtual “front desk” operations to eliminate face-to-face contact.</td>
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</tbody>
</table>
face interactions.

- Don’t hold or attend large meetings or gatherings.
- Prohibit shared use of small rooms by groups and convert to single occupant use only.
- Decommission and re-purpose large gathering spaces for additional office space.
- Remove some chairs from large meeting rooms or mark them for non-use.
- Control how deliveries are made to the office.
- Temporarily close or restrict access to communal rooms (e.g. kitchens, lounges).
- Reduce capacity in reception lobby spaces (e.g. remove some chairs /benches).
- Where multiple doors serve the same space, consider establishing entry/exit routes.
- Use signs and floor markings to demarcate social distancing space, or to establish one-way direction of foot-traffic patterns, in locations where people may congregate (e.g. lobbies, outside classrooms or offices, elevators, food service areas, staircases, etc.)
- Consider engineering controls in situations where face-to-face or close interactions must take place between people, and they cannot be eliminated through administrative controls.
  - Place stanchions or use other barriers to keep people six feet away from others.
  - Add panels between desks where desks cannot be separated.
  - Install plexiglass shields in locations where transactions must take place between individuals.
- Other

<table>
<thead>
<tr>
<th>Core Preparedness Responsibilities</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Students, faculty and staff must wear face coverings when they are in a public area used by others, and are:</td>
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<tr>
<td>• within six feet of distance from other individuals; or</td>
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<tr>
<td>• in a situation or setting where they are unable to maintain six feet of distance from other individuals; or</td>
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<tr>
<td>• in a public or private transportation carrier or for-hire</td>
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</tbody>
</table>
Promote the use of face coverings in buildings and spaces used by the public where social distancing is not practical:

- Hallways, elevators and bathrooms
- Office spaces used by more than one person where there is not adequate separation between individuals.
- Laboratories and support areas used by others.

Note: Where existing medical issues preclude an employee from wearing a face covering, they should be referred to OEA to request a reasonable accommodation under the Americans with Disability Act (ADA). Student concerns should be referred to SACS.

### Core Preparedness Responsibilities

<table>
<thead>
<tr>
<th>Note</th>
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<tbody>
<tr>
<td>Establish safety protocols for employees working alone.</td>
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<tr>
<td>Provide employees with safety training for all job tasks.</td>
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<tr>
<td>Assess the need for personal protective equipment and make it available.</td>
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</tbody>
</table>

Note: Contact Environmental Health & Safety at 631-632-6410 or ehsafety@stonybrook.edu if assistance is needed.

I affirm that, to the best of my knowledge, the measures and practices I have outlined in this Return to Work Plan are consistent with the requirements and guidance established by the University. I understand that resumption of activities is contingent on maintaining practices consistent with public health protocols on which I am advised, including any revisions necessitated by changes in public health conditions. I further acknowledge that it is my responsibility to oversee compliance, to the best of my ability, with these plans by personnel under my supervision.

<table>
<thead>
<tr>
<th>Department Head/Chair</th>
<th>Name</th>
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<thead>
<tr>
<th>Dean of College/School or VP / Senior VP</th>
<th>Signature</th>
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Approved Hospital Plan should be copied to: SBUHHR@stonybrookmedicine.edu
Approved West Campus/HSC/SOM Plans should be copied to: HRS_Return_to_Campus@stonybrook.edu
Appendix C (Restarting Research)

Plan for Restarting Research Lab, Field, and Studio Activities

This document describes a structured plan for restarting research activities at all Stony Brook University facilities. In response to the Directive from the VPR on March 20th, all lab-based research activities were curtailed as of March 22nd, with only critical maintenance being permitted by essential personnel designated specifically for that purpose. Research directly involving COVID-19 was also allowed with the provision that appropriate safeguards were observed. The purpose of the current plan is to establish a framework for an orderly and phased resumption of research that is consistent with guidance from relevant authorities and aligned with Stony Brook’s broader plan for returning to campus facilities and operations. This plan is guided by six principles intended to safeguard the research workforce while enabling research to resume as quickly and efficiently as conditions and guidance allow. While this phased return to operations focuses on research activities, the phased approach to opening research labs is applicable to all scholarly and creative activities that need facilities on or off campus to proceed.

Principal investigators (PIs) or faculty supervisors are responsible for adapting the provisions of this plan for their own research lab and/or activities. This requires implementation of safe work practices, including appropriate engineering measures, administrative measures, and use of face coverings/PPE to comply with key elements of the plan. Principal investigators must submit their operational plan for approval by their respective Chair or Director, who will coordinate with their Dean and Facilities representative to enable compliant implementation. Additional oversight will be provided by the COVID Recovery Key Task Force and the Senior Executive Group, as needed.

Outline of the Plan

1. Principles Informing the Plan
2. Framework of Controls and Practices for Safeguarding the Research Workforce
   2.1 Engineering Controls
   2.2 Administrative Controls
   2.3 Personal Protective Equipment
3. Schedule for Phased Return to Research
   3.1 Special Research Activities
4. Guidance for Principal Investigators to Complete a Laboratory Operations Plan
5. Checklist for Returning a Lab from Standby to Operations
1. Principles Informing the Plan

**Principle 1:** Follow the cognizant directives and guidance from NY State, SUNY, and SBU leadership, and ensure the plan to restart research is aligned with Stony Brook’s broader plans for returning to work.

**Principle 2:** Protect the emotional and physical health and safety of the research workforce, with particular consideration for vulnerable and immunocompromised members of our community. No researcher should feel they are being pressured to work on campus or in the field during periods when NY Pause is in effect. Safety within laboratories and related spaces must be rigorously maintained, with adequate access to face coverings/PPE and other safety-related supplies. The health and safety of our clinical patients and human research subjects must also be protected.

**Principle 3:** Protect early career researchers. Junior faculty are at a critical time in their careers when research productivity is especially important. Postdoctoral researchers are particularly vulnerable with the implementation of hiring freezes at many academic, government, and industry organizations. As such, early career researchers who wish to return to their labs should do so as soon as they safely can.

**Principle 4:** Graduate students are students in addition to being researchers. Critical skills are gained in the classroom as well as in the lab. New graduate students arriving in the Fall of 2020 must be afforded a proper balance of classwork and practical laboratory experience following appropriate safety protocols. Senior graduate students with limited funding or who require additional laboratory or field research to complete their dissertation work should be given preference as labs open.

**Principle 5:** Undergraduates are students first, researchers second. Engagement of undergraduates in research should only occur subsequent to the incorporation of postdoctoral researchers and graduate students back into lab spaces.

**Principle 6:** A transparent process for a phased return to research activities should be implemented as rapidly as public health conditions and guidance/approval from relevant authorities allow. Principal investigators are best able to adapt the plan to their lab operations and/or research activities. Oversight must be provided by Department Chairs, unit directors, and higher leadership to assure compliance.

2. Framework of Controls and Practices for Safeguarding the Research Workforce

Guidance from the [CDC](https://www.cdc.gov) states that the virus is thought to spread mainly from person-to-person:

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes or talks.
● These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
● COVID-19 may be spread by people who are not showing symptoms.

The plan requires safe work practices to be introduced to minimize the risk of transmission of the coronavirus in the research workplace in accordance with guidance from the CDC, State health authorities, and Stony Brook leadership. These safe work practices are categorized as engineering controls, administrative controls, and face coverings/personal protective equipment (PPE). The lists below identify possible measures that may be adopted as safeguards for resumption of research activities. Whereas most of these apply to the lab setting, equivalent controls may be appropriate for core facilities, studios, rehearsal rooms, computer labs, field-based research, shipboard, or other research areas.

2.1 Engineering Controls
● Separation of personal workspaces to achieve minimum 6’ distance, or other barriers between personnel when otherwise needed. Examples include:
  o Staggered use of “bench-top” space.
  o Use of tape on benchtops and/or floors to delineate space and maintain separation of personnel.
  o Construction of “sneeze barriers” (e.g., plexiglass).
  o Separation of or limited access to common equipment and instrumentation to avoid close contact and cross-contamination (hygiene, see below).
  o Separate storage of individuals’ face coverings/PPE.
● Post appropriate signage at lab entrance and at essential locations within labs to remind personnel of safeguard procedures.
● Ensure adequate air flow in labs and fume hoods
● Ensure hand washing stations with soap and signage are available within labs. Hand sanitizer should be made available as an alternative, especially for field work.

2.2 Administrative Controls
● All normal safe lab and field practices appropriate for the intended research should be observed.
● Regular health screening as required by SBU. Current SBU guidance requires:
  o All non-health care employees will be required to conduct a brief health care screening before coming to campus. This daily screening will involve temperature check and a review for COVID related symptoms. These currently include shortness of breath, cough, body aches/muscle pain, sore throat, new loss of taste and/or sense of smell, fatigue, and headache. For an employee who returns or remains on campus after 12 hours this screening must be repeated.
  o If the temperature recorded is less than 100 without use of fever reducing medication, and no other symptoms are observed the employee may attest to their supervisor/PI that they screened negative, and may come to campus. For an employee who screens positive for one or more symptoms/temperature check, they must notify their supervisor and not come to campus. If during the day an employee
begins to feel unwell they should notify their supervisor/PI and leave the campus immediately.

- Employees who identify themselves as symptomatic are provided information about diagnostic testing, including the testing available to employees at P lot. They should contact the health information line (HIL) at 631-632-5000 and will also be advised to seek guidance from their health care provider. The employee may not return to campus without a clearance from their healthcare provider or the HIL which must be shared with HR Time and Attendance at hrs_timeatt@stonybrook.edu. HRS Time and Attendance will notify the Supervisor/PI and the employee that the employee has been cleared to return to work.

- Diagnostic testing for COVID-19 virus and/or antibodies as required by SBU. Current SBU guidance does not require testing.
- Control lab access to limit personnel density. A 6’ minimum separation is the goal, however other mitigation strategies may need to be employed on a case-by-case basis.
  - Implement staggered work hours and/or shifts as needed.
  - See separation of personal workspace in Engineering Controls
- Continue to encourage use of teleconferencing for meetings in which 6’ separation cannot be achieved.
- Comply with SBU’s guidance regarding non-essential travel.
- Implement regular cleaning of common areas and contact surfaces (including control surfaces of instrumentation).

2.3 Face Coverings/Personal Protective Equipment (PPE)
- Comply with SBU guidance regarding use of face coverings or masks. Currently, SBU requires the use of a face covering or mask is situations where social distancing (minimum 6’ separation) cannot be achieved.
- If the standard operating procedure for a research activity requires use of more protective PPE or face coverings, the standard practice takes precedence. Care must be taken to wear face protection when transiting public spaces (e.g., hallways, elevators, bathrooms) to avoid unexpected infringement of social distancing.

3. Schedule for Phased Return to Research

Research activities will resume following a multi-phase approach. The goal of this approach is to ensure a gradual and safe return to operations. The plan comprises five phases, with Phase 1 being the current state of research stand-by, and Phase 5 being the return to normal research operations. Each phase is defined by a maximum level of research activity relative to maximum capacity (Phase 2: 10-30%; Phase 3: 30-60%; Phase 4: 60-80%). Increase in research operations is achieved by gradually relaxing limitations on the number of research units open and projects per unit allowed. The criteria for prioritizing research efforts depend on: operational readiness, common use of shared facilities (i.e., core facilities), impact of delay, time-sensitivity of research, and funding commitments. All the activities that can be done remotely (e.g.,
computation and theory, writing, seminars, group meetings, mentoring) should not be conducted on site until Phase 5.

Progression through the phases will be dictated by guidance from SBU leadership, as informed by NY State, SUNY, and local policies based on external conditions, and by a lab’s readiness to operate safely with increasing workforce. The determination that operations can move to the next phase will be made by Chair and Dean, with guidance from the Senior Executive Leadership Group. Once this approval is in place, Department Chairs or unit leaders will then approve the progression of core facilities and individual research projects/labs to the next phase. For this, principal investigators and core facilities’ directors/ coordinators will need to demonstrate lab operational readiness through the submission of a “Laboratory Operations Plan”, see template below. Factors that contribute to readiness include compliance with all necessary controls for social distancing, availability of face coverings/PPE, access to all related instruments/facilities/cores needed to conduct research, available supply chain for all necessary materials, reagents, cleaning procedures, necessary custodial and related services, etc. If research activities require access to another lab or facility (e.g., a core facility), it is necessary to ensure that such access is available at times that permit research activities. Plans for a return to earlier phases need to remain in place if warranted by a deterioration of external conditions. Once a “Laboratory Operations Plan” has been established and approved to move from Phase 1 to Phase 2, it will need to be updated to progress to Phases 3 and 4 in accordance with the conditions at the time. Progress to each Phase will require approval from the Departmental Chair and Dean. A Dean may decide to establish an advisory board to help Chairs resolve potential disagreements concerning prioritization or lab readiness.
<table>
<thead>
<tr>
<th>PHASE I - Standby</th>
<th>Anticipated Activities</th>
<th>Preparation for next phase</th>
<th>External Condition and Expected Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase description</strong></td>
<td>Research facilities, studios and field stations are closed, except where personnel are required to protect life safety and critical infrastructure &amp; capability (maintaining cell lines, animal health, instrumentation, computer systems, etc.).&lt;br&gt;• Operations limited to critical maintenance only&lt;br&gt;• Exemption: COVID-19 related research&lt;br&gt;• Essential employees only&lt;br&gt;• 0-10% operation</td>
<td>Keep record of expenses related to damaged equipment and supplies.&lt;br&gt;Compile a list of supplies necessary for restarting on-site activities.&lt;br&gt;Initiate health screening and logging (temperature)&lt;br&gt;Develop a research continuity plan for restarting operation through phases 2-5.&lt;br&gt;To transition into phase 2, prioritize existing projects and develop a schedule for staggered work assuming goal research capacity of 30% max.&lt;br&gt;When a date for transition to phase 2 is available, begin purchasing necessary supplies making arrangements for deliveries in phase 2.</td>
<td>Rising or plateaued number of new infections per day.&lt;br&gt;“NY State on Pause” order remains in effect at least till May 15th.</td>
</tr>
</tbody>
</table>
## PHASE II - Ramp Up - Minimal Operation

Safeguards: health screening, social distancing, use of masks or face coverings, cleaning measures as described by SBU’s policy for returning to work

<table>
<thead>
<tr>
<th>Phase description</th>
<th>Anticipated Activities</th>
<th>Preparation for next phase</th>
<th>External Condition and Expected Period</th>
</tr>
</thead>
</table>
| Ramp Up - Minimal Operation | Minimal operation of critical and time sensitive research, which otherwise could lead to substantial loss or catastrophic delay of research results and/or funding.  
- All research and activities that can be done remotely should continue remotely  
- Labs with funding commitments begin re-staffing to operate at low capacity maintaining low density (e.g., staggered shifts)  
- Core campus functions can begin to re-staff and operate for increased load  
- Core facilities resume minimal operations  
- Labs are able to purchase necessary supplies and make arrangements for deliveries  
- Field Research: prioritize seasonal data collection or | Update research continuity plan for transitioning into phase 3 including a schedule for staggered work assuming a goal of maximum operations of 60%.  
Maintain plans for sudden return to phase 1 if required | More than one-half of the seven Regional COVID-19 Metrics achieved.  
“NY State on Pause” is relaxed, some businesses reopen.  
Work at home stays in place for most residents. |
| 10-30% operation | | | |
experiments close to completion.

<table>
<thead>
<tr>
<th>Phase description</th>
<th>Anticipated Activities</th>
<th>Preparation for next phase</th>
<th>External Condition and Expected Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate Operation</td>
<td><strong>Moderate operations of research labs, studios, and field stations, with prioritization on critical and time sensitive work (research that is deadline driven, e.g., grant submission, manuscript revisions, graduate student dissertations, researchers approaching termination of their appointments, junior faculty starting their laboratories, etc.).</strong></td>
<td>Update research continuity plan for transitioning into phase 4 including a schedule for staggered work assuming a goal of maximum operations of 60%. Maintain plans for sudden return to phase 1 or 2 if required</td>
<td>All seven Regional COVID-19 Metrics achieved. “NY State on Pause” further relaxed. More businesses reopen with strict social distancing. Work from home remains in place for most residents.</td>
</tr>
<tr>
<td></td>
<td>- Onsite operations resume at reduced effort based on time sensitive activities. - Essential employees only, significantly increased number of approved individuals - Strict social distancing, staggered shifts, cleaning protocols etc.</td>
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<tr>
<td></td>
<td>30-60 % operation</td>
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</tbody>
</table>
- Field research: expand approvals depending on what current restrictions are in the locations where field research is to be conducted.
- Some monitored access to offices for limited time (e.g. 3 times weeks) with social distancing.

<table>
<thead>
<tr>
<th>PHASE IV - Sustained Operation</th>
<th>Safeguards: health screening, social distancing, use of masks or face coverings, cleaning measures as described by SBU’s policy for returning to work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase description</td>
<td>Anticipated Activities</td>
</tr>
<tr>
<td>Sustained Operation</td>
<td>All research operations resume as long as social distancing, personal protection and cleaning can be ensured.</td>
</tr>
<tr>
<td></td>
<td>- Staggered work scheduling should be maintained</td>
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<td>60-80% operation</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Phase description</td>
<td>Anticipated Activities</td>
</tr>
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<td>-------------------</td>
<td>------------------------</td>
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</tbody>
</table>
| Return to normal operations  
  • Operation at full capacity without the need of social distancing.  
  100% operation | | | NY State lifts all limitations |
3.1 Special Research Activities

**Human Subject Research:** PIs should consult [updated guidance](#) for changes to research involving human subjects. Research activities must follow IRB policies for changes in operation of research facilities. The IRB should be notified of any changes to procedures that were not part of the initial approved protocol. Screening of subjects for clinical research should incorporate the following new inquiries: i) Ask if subjects have been tested for coronavirus and/or antibodies, and the results of these tests, ii) Ask for any current symptoms of fever, cough, fatigue, shortness of breath, sore throat, headache or body aches, and iii) Ask for any contact with known COVID-19 cases or with individuals with the symptoms above. Exclude subjects from participation/screening/visit to research facilities, if answer is yes to ii and iii. For i, include only if evidence supports immune status (this is subject to further guidelines from either the CDC or local health authorities).

For non-clinical research, subjects must be interviewed by phone or sent an on-line questionnaire/survey in order to avoid direct interactions. Consent can be mailed to the individual or can be part of the on-line questionnaire/survey. If subjects need to be screened, phone or email (written) screening can be performed without having actual interaction with the individual. In studies where there is direct interaction with the individual, videotaping or observation through a two-way window is preferable. Direct interaction where no indirect alternatives with subjects are available, must follow the precautions listed above.

**Animal Research:** PIs should consult updated guidance for changes to research involving animals (provide link). PIs should outline procedures for coordinating and complying with DLAR procedures for return to research. Briefly, i) the use of DLAR procedural space will be limited to ensure proper social distancing, ii) for procedures requiring two people that do not allow social distancing to be observed, proper PPE will be worn at all times, iii) orientation will be provided on-line instead of in-person and group training sessions will be replaced with one-on-one sessions with proper PPE worn, and iv) use of all equipment and special procedure areas will be prioritized according to the campus phasing plan.

**Field and Off-Campus Research:** PIs conducting field or off-site research should follow the same process outlined for lab spaces, accounting for the particular aspects of the off-site activities. Additional guidelines for hazardous activities (e.g., SCUBA diving) will also apply as appropriate to ensure personal safety. During all aspects of operations, social distancing must be maintained unless appropriate PPE are employed. It must be recognized that the 6’ distance is generally specified for indoor, land-based conditions. In a windy and moisture-laden environment such as on a boat, downwind positions require greater distancing. Social distancing applies to all activities, including transportation to and from the site, as well as sample work-up and storage. Food and liquids must be separately maintained and handled for and by each member of the field team. Operational planning, briefing, and communications should be conducted prior to departing for the field site. A responsible party not associated with the research trip must be made aware of the full details of the plan, including departure and return ETAs. For individuals conducting approved fieldwork alone, a responsible party
must be made aware of the full details, including times of departure, return and receive periodic check-in calls at agreed upon times. All shared vehicles, vessels and equipment, must be properly disinfected according to CDC procedures before and after use by the person using it. Field work involving travel outside of New York State must comply with all local safety recommendations pertaining to mode of travel, registration with local authorities, and quarantines as appropriate, and insure adequate supplies of all necessary safety equipment, including PPE prior to departure. Out-of-state travel must be pre-approved by the Department Chair, Dean, and/or relevant supervisor. Research to be conducted at remote facilities must operate in accordance with the safety protocols in place for that institution in addition to protocols stipulated in this plan, whichever is more protective.
4. Guidance for Principal Investigators to Complete a Laboratory Operations Plan

PI Laboratory Operation Plan [Word template available for download]

Principal Investigators: Use this template to create a plan for your research activities that accounts for the requirements set out in the Plan for Restarting Research Lab, Field, and Studio Activities document. This template is also required for core facilities, studios, rehearsal rooms, computer labs, field (off-site), shipboard, or other research activities. PIs in shared/open lab spaces will need to coordinate with each other and describe the coordination in the template. Once completed, submit this plan to your Department Chair or unit Director for review and approval.

Name: _______________________________________
Title: _________________________________________

Contact info: _________________________________  
Alternate Contact: ______________________________

Department: _________________________________  
College/School: _______________________________

This plan covers operation for Return Phase: _________ (e.g. 2, 3, 4) (must update the plan for next phase)

Lab or Studio Space (adapt as needed for work off-site)

<table>
<thead>
<tr>
<th>Building and Room Number</th>
<th>Square Footage</th>
<th>Is your lab within a shared or open lab space? If yes, provide total square footage and names of other PIs.</th>
<th>Max # of simultaneous personnel permitted. If shared space, also include max # permitted in total space.</th>
<th>Other Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Chemistry 452</td>
<td>Ex. 400</td>
<td>Ex. 2000 sq.ft. Share with Johnson, Rodriguez</td>
<td>Ex. 2 (8 in total space)</td>
<td>Ex. Max 2 researchers per bench, 1 per hood</td>
</tr>
</tbody>
</table>

Exposure Controls


<table>
<thead>
<tr>
<th>Controls</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe engineering measures and administrative measures for ensuring social distancing and health screening among lab members:</td>
<td></td>
</tr>
<tr>
<td>Describe plan to minimize risk of transmission during routine procedures that require close proximity (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Describe controls (including any prohibitions, buddy-system of communication) to minimize risk to lab personnel working alone and/or on high-risk procedures (reactive or acutely toxic materials, etc.)</td>
<td></td>
</tr>
<tr>
<td>Describe plans for lab readiness and expected or actual critical materials or reagents, including needed PPE:</td>
<td></td>
</tr>
<tr>
<td>Describe plan for receipt of deliveries:</td>
<td></td>
</tr>
<tr>
<td>List shared facilities or instrumentation your lab members need to access and describe plan for shared usage:</td>
<td></td>
</tr>
<tr>
<td>Describe plan for disinfecting common surfaces and shared equipment within lab and/or allowing downtime between users:</td>
<td></td>
</tr>
<tr>
<td>Describe any coordination with other offices/labs and core facilities:</td>
<td></td>
</tr>
</tbody>
</table>
If applicable, describe coordination among lab groups in shared/open lab spaces:

Describe building access considerations, and coordination with Building Manager:

<table>
<thead>
<tr>
<th>Lab Personnel</th>
<th>Name</th>
<th>Title</th>
<th>Contact Info</th>
<th>Active during this phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Jane Smith</td>
<td>Graduate Student</td>
<td></td>
<td></td>
<td>Y/N</td>
</tr>
</tbody>
</table>

Lab Schedule (minor adjustments to this schedule do not need pre-approval provided safety measures are upheld):

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Number of Days</th>
<th>Start/End Time</th>
<th>Room Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Researcher 1</td>
<td>MW</td>
<td>8am-6pm</td>
<td>Chem 454</td>
</tr>
</tbody>
</table>
Describe any special accommodations required (e.g., vulnerable, compromised health (must be careful re personal info)):

Communication plan for lab members:

Communication plan between lab members in open/shared lab spaces:

PPE and Critical Supplies

Describe the availability of PPE required in your lab both for research and for safeguards to minimize risk of transmission:
Describe availability of supplies materials, samples, etc. necessary for conducting your research:

<table>
<thead>
<tr>
<th>Human Subjects and Animal Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the research involves human subjects or animals, describe how safeguards will be accounted for, and for animals, how you will coordinate with DLAR:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Travel, Off-campus Research Facilities &amp; Field Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe plans to mitigate risks during travel and while at off-campus research sites (e.g., field work, national laboratories):</td>
</tr>
</tbody>
</table>

| Describe measures to minimize risk after returning to campus from off-campus research sites: |

| Compliance |
Describe how you will explain to personnel the safeguards and practices for safe operations within each phase of operations:

Describe how the PI will ensure compliance and resolve any conflicts and concerns among group members:

Lab personnel who do not feel comfortable returning to work should not be pressured to do so. Personnel in this situation should first discuss with the PI, and if the situation is not resolved, then discuss with one or more departmental contacts, designated by the Chair/Director (e.g., Chair, Graduate Program Director, Chair of Departmental Safety Committee), or with a designated contact in Human Resource Services or the Graduate School, as appropriate.

As the Principal Investigator or Faculty Supervisor responsible for research, scholarly, and creative activities in the designated laboratory, studio, or off-site location(s), I affirm that the measures and practices I have outlined in this Laboratory Operations Plan are consistent with the principles and safe practice guidance in the SBU Restarting Research Plan, and that resumption of activities is contingent on maintaining safe practices, including any revisions necessitated by changes in public health conditions, and approval(s) by the Department Chair and/or Research Recovery Committee. I further acknowledge that it is my responsibility to ensure compliance with these plans by personnel under my supervision.

Signed: _____________________________ Date _____________________

Attestation by lab personnel: I have reviewed this document with my supervisor, understand the expectations, and agree to abide by all the safety measures described in this plan.

Signed: _____________________________ Date _____________________
Signed: _____________________________ Date _____________________
Signed: _____________________________ Date _____________________
Signed: _____________________________ Date _____________________

Reviewed by:
Name/Title _____________________________ Date: _____________________
5. Checklist for Returning a Lab from Standby to Operations (link for download)

Laboratory Contingency Plan – Returning to the Laboratory
Appendix D – Supportive Isolation and Quarantine For Seawolves

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West B Capacity
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Space Sharing Guidelines:
Food Delivery:
Laundry:
Facility Considerations
Recommended Cleaning Protocols
Procedure for cleaning and disinfection in facilities housing asymptomatic students in self-isolation:
Southampton Quarantine Housing Plan
Facility Considerations
Food Delivery:
Laundry:
Student Concerns; communication
We will maintain the same communication process as used by original guests and used for those assigned to West B.
Students Requiring Transport
For University Hospital Transport from West Campus:
Students Requiring Interfacility Transport between University Hospital, East and West Campus
General Overview

To protect students living on campus from COVID-19, we are taking proactive steps to outline a comprehensive overview of our process for students who may become symptomatic or test positive for COVID-19. The purpose of this document is to minimize the disruption, misinformation, and chaos that could quickly ensue once a member of the campus community is diagnosed with COVID-19 or deemed a person under investigation (PUI). In addition to leading our Health and Safety COVID-19 Planning and Response Committee, the Student Health Service and Campus Residences have been partnering since the inception of this virus in December 2019 to deploy resources and work with key partners such as dining involved in providing care, treatment, or support services to all our students who are impacted by this virus.

Definitions

Precautionary Self-quarantine usually involves remaining in the student’s home or residence with limited public contact due to symptoms of infectious disease (cold or flu), international travel, or travel to an area with a high occurrence of COVID-19.

If a student has recently traveled internationally or to/from a state with a high occurrence of COVID-19 cases, but shows no symptoms of illness themselves, they are required by NYS Travel Advisory issued 6/24/20 to quarantine themselves for no less than 14 days. The individual should do their best to keep six feet of distance from others in their home environment, limit contact to as few individuals as possible (as few as 1-2), and use antibacterial disinfectant after each restroom use, especially for any shared restrooms. A single bathroom is recommended,
but if shared restrooms are utilized, it is recommended the areas be wiped down with disinfectant wipes between use by the user.

Students who self-quarantine are instructed to monitor their symptoms with assistance from SHS staff. Students who develop symptoms must immediately notify Student Health to arrange for medical evaluation. Attending a class or work is not permitted.

**Mandatory Quarantine** involves either relocation to another residence or remaining in the student’s home or residence with limited public contact due to **confirmed exposure** to COVID-19. Resident students may elect to quarantine or isolate in off-campus housing. The decision of whether a student can remain or not remain in a residence is dependent upon the proximity and risk of virus transmission to other residents. The Student Health Service provider caring for the student will determine this. The need to quarantine is determined by Student Health Services along with the County Department of Health through investigation and surveillance (contact tracing) of current active COVID-19 cases. Quarantine involves no less than 14 days and negative PCR testing does not eliminate the need to quarantine. Ideally, this would be a private space; however, space can be shared with students with the same exposure. This determination will be made by the Medical Director of Student Health Services. There should be at least one restroom per 3 individuals. Shared restrooms are recommended to be wiped down with disinfectant wipes between use by the residents. In this circumstance, the student shall receive meals delivered to their residence, frequent telemedical check-ins with an SHS medical provider, and check-ins with a Tele counseling support provider. Students who develop symptoms must immediately notify Student Health to arrange for medical evaluation. Attending a class or work is not permitted.

**Isolation** involves either relocation to another residence or remaining in the student’s home or residence with limited public contact due to a **positive COVID-19** test, with or without active symptoms. Additionally, isolation can be required if symptomatic of COVID-19 in the absence of test availability. The student shall receive meals delivered to their residence, daily telemedical check-ins with an SHS medical provider, and daily check-ins with a Tele counseling provider. Cohorts of these students are not permitted nor are sharing of bathrooms. Attending a class or work is not permitted.

**Close Contact** is someone who was within 6 feet of an infected person for at least 10 minutes or more starting from 48 hours before illness onset until the time the patient is isolated. Close contact can be someone who also shares utensils or is an intimate partner of an index case. Close contact should stay home, maintain social distancing, and self-monitor through mandatory quarantine until 14 days from the last date of exposure.

**Index Case** is the first identified case in a group of related cases of a particular communicable disease.
Contacts the reference of an exposed student to someone who is symptomatic or has tested positive COVID-19.

Translation Services
For those students that speak a language other than English, staff will utilize the Cyrcacom Translation Services. CyraCom is the leading provider of language interpreter services to healthcare providers. This can be used in-person or via phone, video, mobile app, or written text. All staff of Cyrcacom is trained to use this service which bridges communication gaps. The Company supports hundreds of languages and operates 24/7.

Instructions for use: Contact Cyrcacom using the following number; provide the information requested; Cyrcacom calls the student and conferences the SBU caller in.

Phone number: 1-800-******
Account number: 5******* Pin: *****
Screening for COVID-19 with Students
To help protect our campus community from exposure to COVID-19, every student, faculty, and staff member will be required to conduct a brief health care screening before coming to campus or attending class. This daily screening will involve a temperature check and a review for COVID related symptoms such as shortness of breath, cough, body aches/muscle pain, sore throat, new loss of taste and/or sense of smell, fatigue, headache, and new body lesion. This health screening is completed each day to support the health and safety of the campus. If the temperature recorded is less than 100 F or 38 C without the use of fever-reducing medication, and no other symptoms are observed, the student may come to campus or attend a class that day.

For a student who screens positive for a temperature of fever of 100°F/38°C or higher or one or more symptoms/temperature check, they must notify the Student Health Service immediately for a telemedicine consult and not come to campus or attend class. If during the day a student begins to feel unwell they should leave the campus immediately with instructions to follow.

Students Traveling From Out of State (travel advisories) and Internationally
Students Traveling From States Under Travel Advisories or Internationally must submit the online health form prior to arrival on campus. The form can be found here: https://forms.ny.gov/s3/Welcome-to-New-York-State-Traveler-Health-Form. Upon completion of the form, students are encouraged to take a screen shot or print the form for submittal to Residential Life staff. All returning out of state and international students have been communicated to and given explicit directions prior to their move in date to comply with New York State isolation and quarantine guidelines. This includes the opportunity to utilize on campus quarantine spaces described herein, or otherwise insure that they have sufficient time to quarantine before their specific move-in date.
Operations of Student Health Services

Ideally, the SHS will be informed in advance of the arrival of a patient with a potential COVID-19 infection, but that will not always be the case. Therefore, appropriate measures will be implemented before patient arrival, upon arrival, and throughout the duration of the affected patient’s presence in the health care setting to protect the patient, SHS staff, other patients, and visitors. SHS will take the following steps to provide the safest environment to provide care:

- The Student Health Service doors will be locked during hours of operation. An MA/Nurse will be located at the front door and/or triage trailer to screen all persons entering the building for COVID-19. Students that screen positive with COVID-19 screener will be directed for a telemedicine consult.

- Exceptions are students who are in apparent distress.

- All face to face visits will be screened for COVID-19 symptoms. If the patient’s temperature is below 100°F/38°C and they have no symptoms related to COVID19, the MA/Nurse will determine the nature of the appointment and direct the patient to the appropriate well or sick areas of the waiting area.

- If the patient has symptoms of COVID19 and / or a temperature above 100°F/38°C the MA/Nurse at the screening desk will request assistance from a nurse assigned to the clinical areas, to assist in moving the patient to an isolation room. The nurse responding needs to wear appropriate PPE and immediately take the patient to an isolation room for evaluation.

- If the patient does not have an appointment and they call the front desk, the receptionist will ask the patient what their needs are. The patient will be screened for COVID19 symptoms. If the patient does not need to be seen immediately, the front desk will schedule an appointment if the problem is a non-illness related problem i.e. Health Assessment, Physical Exam. If the problem is related to an illness, an appointment for a telemedicine visit will be arranged. The clinical provider will speak with the patient to discuss symptoms, and the provider will determine if the patient’s needs can be met through the telemedicine session or if the patient needs to be seen face to face in the clinic.

- If the provider determines there is a need to see the patient in the clinic for a face to face visit, the provider will notify the front desk to arrange for an in-house face to face appointment. The front desk staff will provide instructions to the patient on how to complete forms and check-in through the patient portal.

- On arrival for that appointment, the patient will be screened at the front door and/or triage trailer. If the patient’s temperature is above 100°F/38°C and the patient is symptomatic, the patient will be moved to an isolation area. The Nurse /MA will notify
the provider staff so that proper protective equipment can be utilized before the patient is allowed to move through the building.

Patients Presenting to the Health Service for other Reasons

Pharmacy

All patients will stop at the front door to the Student Health Services Building. When it is determined that a patient is in need to pick up a prescription, the nurse / MA, wearing appropriate PPE, will ask the patient to sanitize their hands using hand gel. All patients will be given a mask if they are not already wearing one. The nurse / MA will take the patient’s temperature and will review the questionnaire. If the patient’s temperature is below 100°F/38°C and they have no symptoms, the patient will be directed to the Pharmacy.

Laboratory

All patients will be required to have an appointment for lab services.

All patients will stop at the front door. When it is determined that a patient has an appointment for the lab, the nurse / MA, wearing appropriate PPE, will ask the patient to sanitize their hands using hand gel. All patients will be given a mask if they are not already wearing one. The nurse / MA will take the patient’s temperature and will review the questionnaire. If the patient’s temperature is below 100°F/38°C and they have no symptoms, the patient will be directed to the lab.

Counseling and Psychological Services (CAPS)

Once it is determined that the patient has an appointment for CAPS, the patient will be asked to sanitize their hands and the patient will be given a mask if they are not already wearing one. The nurse / MA assigned to triage, wearing appropriate PPE (gloves and surgical mask), will take the patient’s temperature and will screen the patient. If the patient’s temperature is below 100°F/38°C and they have no symptoms related to COVID19, the MA/Nurse will direct the student to go upstairs to CAPS.

If the patient screens in and has symptoms of COVID19 and/or a temperature above 100°F/38°C, the MA/Nurse at the screening desk will request assistance from a nurse assigned to the clinical areas to move the patient to an isolation room. The nurse responding needs to wear appropriate PPE and immediately take the patient to an isolation room for evaluation. The front desk will be asked to assist in notifying the CAPS receptionist that the individual has screened in and needs further evaluation.

Care For Students Symptomatic of COVID-19

If it is determined that the patient needs to be seen in the clinic and there is a concern that the patient may have COVID19, the provider will notify the front desk and alert them that the patient will need to be seen. If the patient is symptomatic of a possible COVID19 infection, the provider will convey this to the front desk. The front desk staff will utilize the “COVID Concern” code when scheduling this patient. The nurse/ MA assigned to cover the entrance of the SHS. When it is determined that a “COVID Concern” patient may enter the building, a MA/nurse, wearing appropriate PPE, will ask the patient to sanitize their hands using hand gel. All patients
will be given a mask if they are not already wearing one. The “COVID Concern” patient will be escorted to the isolation room.

Healthcare personnel entering the isolation room must use:
- PPE must be used with the proper donning procedure: Gown, Gloves, N95, goggles or face shield
- The N95 masks are reusable for up to 5 uses as long as it is not visibly soiled and the integrity is intact. After the fifth use, the N95 must be submitted for decontamination (see N95 decontamination procedure).
- The names of all individuals entering the room must be recorded in the patient's chart.

**COVID-19 Triage / Screening - Front Desk Flow Chart**
COVID-19 Screening Desk Flow Chart

**COVID19 Screening Desk Procedure**

- *All individuals entering the building will need to wear a mask. If they do not have one, one will be given to them. All visitors will be asked to use hand gel to clean their hands upon entering the building.*

**Patient Servers at Front Door**

- If this patient with an appointment at SHS:
  - Yes: Check for Appointment - Patient Assessed for COVID19 Symptoms - Patient's Temperature is taken.
  - No: SHS Patient or CAPS Client.

**SHS Patient or CAPS Client**

- If it is a SHS patient without an appointment, the patient needs to be scheduled for an appointment.

**Does Patient Screen Into**

- If an acute problem - quick screen and temp then RN called to assist.

**Does Patient Screen In?**

- If patient is directed to appropriate visit/sick waiting area:
  - Yes: RN will call patient into clinic area that patient was assigned.
  - No: Patient will need to go to appropriate clinic area for full evaluation.

**If a CAPS Client - quick screen and infrared temp**

- If CAPS Client: Client will not be allowed to see CAPS until evaluated by SHS CAPS Front Desk to be called to notify them of the situation.

**Visit Takes Place - Provider closes note**

- Stop
Isolation Quarantine Flow Chart
Surveillance & Contact Tracing
Contact tracing is a critically important tool in the COVID-19 pandemic response. This work of interviewing symptomatic or positive students who are index cases to learn who they exposed helps break the chain of transmission of infectious diseases and limits the spread of infections.

Currently, SHS staff are using the traditional method of interviewing students, but we are investigating new strategies for contact tracing through an application called campus clear which we hope to have available in Fall 2020.

All SHS staff conducting contact tracing have successfully passed the six-hour Coursera class developed by the Johns Hopkins Bloomberg School of Public Health and supported by Bloomberg Philanthropies.

One staff member (most likely the provider of care) will expeditiously interview and elicit contacts from the patient diagnosed with COVID-19 (index case), and additional staff members (contact tracers) from the COVID 19 team (see Appendix A) will notify and follow-up with the patient’s contacts. Public health personnel from the local health department will be called upon to support case investigation and contact tracing.

Process & Strategy Contact Tracing, Quarantine, and Monitoring of Exposed Contacts.
Symptomatic students or students who test positive (referred to as an index case) for COVID-19 are rapidly identified within the campus community and effectively isolated. Suffolk County Department of Health is notified and consulted. Contacts of index case are identified, quarantined, and monitored calls for 14 days, if contacts become symptomatic, they are re-designated as index cases. Process continues.

When a student becomes symptomatic for COVID-19 or tests positive, the student will be interviewed by a member of the COVID 19 team to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious.

These below highlights are inclusive focus details, but not limited to:
- Roommates, suitemates will be identified and notified and be quarantined, if after interview exposure was determined.
- Other close contacts (within 6 feet) will be identified and contacted as well as intimate contacts.
- The student will be asked about the use of sharing utensils, food, and intimate partners.
- The student will be asked about exposure to vulnerable populations.

SHS COVID 19 team Contact tracers work expeditiously to identify contacts of their potential exposure as rapidly as possible using the CDC method of contact tracing (see Appendix A). To protect patient privacy, contacts are only informed that they may have been exposed to a patient with the infection. They are not told the identity of the patient who may have exposed them. Contacts are interviewed to see if they are symptomatic. They are provided with education, information, and support to understand their risk, what they should do to separate themselves
from others who are not exposed, monitor themselves for illness, and the possibility that they
could spread the infection to others even if they do not feel ill.
Contacts that are residential students are placed into mandatory quarantine. If a contact is a
commuter they are instructed to stay home and maintain social distance from others (at least 6
feet) until 14 days after their last exposure, in case they also become ill. Commuters are
provided education on how to keep the environment as clean as possible if sharing space.
Contacts are provided a thermometer to monitor themselves by checking their temperature
twice daily and watching for COVID-19 symptoms. SHS staff will check in with residential
students in mandatory quarantine to make sure they are self-monitoring and have not
developed symptoms.
Commutes who develop symptoms should promptly isolate themselves and notify the SHS.
They will be promptly evaluated for infection and the need for medical care.
COVID 19 Isolation Quarantine /Contact Investigation and Follow up
If the patient does not require transport to the hospital but requires Isolation/Quarantine
Room Reassignments/Room Transfers the below process must be followed.

1. **Identification will be made by a provider/nurse of a COVID-19 diagnosis or exposure**
   - Under the “Plan” area of the Progress Note or SOAP note, the provider will
     utilize the “Nurse Order” area to enter a patient in need of isolation.
   - The provider will fill out a Contact Investigation Form in Medical when that order
     is placed. This process will assist in listing potential contacts of the person being
     isolated.
   - The COVID-19 Isolation and Quarantine teams will be notified. The Nurse
     Monitor Screen in Medicat will be monitored for patients being added for
     isolation. Once the patient is noted to be required to be in isolation, the
     patient's record will be updated and the patient is added to the “Isolation”
     Group within Medicat
   - Contact investigation will take place by the COVID 19 team and when it is
     completed and students are identified for quarantine, each student placed into
     quarantine will have their record updated and the student is added to the
     “Quarantine” Group within Medicat
   - The SCDOH will be notified.
   - The provider who has a student who needs to be isolated or quarantined will
     notify the Administrator on Duty and appropriate steps will be taken thereafter.
   - AOD notifies SBVAC that a transport will be needed by contacting SBVAC Lead
     Chief @ (631) ************. Information regarding the current room location
     and the new room assignment will be delivered.
   - If a student is being released from University hospital, the social work team is
     instructed to call SBVAC for student transport back to campus.

2. **Daily follow up of Isolation /Quarantine Students of Those Requiring Room
Reassignments/Room Transfers**
   - All students in Isolation will be monitored each day by a member of the COVID-
     19 team to review their condition and provide updates as needed.
• The “PUI” provider section within the appointment scheduler will be used for scheduling and routing of daily temperature and symptom check forms to each Quarantine patient. The completed forms will be reviewed by the nurses who are part of the COVID19 team.

• New appointment reason codes have been created for the Isolation group and the Quarantine group. The appointment provider in the appointment scheduler is called “PUI” with a description of “Monitoring While Isolated or Quarantined” so this is what is displayed on the portal for the student. This appointment reason has the monitoring form attached. The form is set up to route back to the “PUI” Provider and does not “auto-lock.”

• The group appointment allows the students to be collectively identified for better reporting later. Each person can “check-in” independently via the Mobile SCI and can be “discharged” independently by a nurse once the form is reviewed and follow-up documented.

• The appointment is added to the calendar each morning which triggers a notification to the patient immediately when the appointment is scheduled.

• The Monitoring form is reviewed after completion by the PUI each day by a nurse. The chart is then updated by the nurse by locking the form and documenting in a secure message to the isolation/quarantine student that the form has been reviewed. If there are any changes noted by the nurse reviewing the monitoring form, a phone call is made to the student to review symptoms and to determine if any action is needed. If further action is required a telemedicine session is set up with a provider.

• The patient is “discharged” from the appointment. This discharging process also allows the end of day review to ensure all PUI’s are complying with the process and trigger an immediate “check-in” call to PUI if needed due to non-engagement.

• This process is repeated each day by the student in isolation or quarantine, and by the COVID19 team for the 14 days, or as determined by the COVID19 Team.

**Campus Residences Capacity for Isolation & Quarantine**

Select buildings as noted below on West campus and Southampton campus have been designated exclusively for quarantine and isolation students. Other students will not be housed in these residence halls.

Southampton campus is being reserved ideally for students that are asymptomatic and require quarantine and for overflow only. However, if space availability becomes a challenge, Southampton may be used for isolation, but that would only be if needed.
<table>
<thead>
<tr>
<th>Location</th>
<th>Building</th>
<th>Design Capacity</th>
<th>Occupancy at one resident per bathroom (toilet/shower)</th>
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<td>West Apartments</td>
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<td>Shelter Island</td>
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<tr>
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<tr>
<td></td>
<td></td>
<td></td>
<td>138</td>
<td>228</td>
</tr>
</tbody>
</table>

**West Campus Residential Plan for Quarantine & Isolation**

Students that require a room assignment for isolation or quarantine will be moved to West B Apartments and/or the Southampton Campus. We will not move students to Chapin and Schomburg family apartments. These residents have been told in advance to always have a 2 weeks (14 days) supply of food and other incidentals on hand. For non-family designated apartments in Chapin, Schomburg, West A, West C-J, the isolation patient may require relocation, especially if the roommates are not family and have concerns about shared space. The need to relocate will be determined on a case by case basis.

Each room in the apartments is supplied with an individual refrigerator and a landline phone. Each room has a care package that has a thermometer and isolation instructions listed below.
The following are the housing protocols and overview for hosting our guests assigned to West Apartments.

**West B Capacity**

The layout of Each Floor
- 6 suites per floor
- 4 bedrooms per apartment (2 doubles; 2 singles)
- 2 bathrooms per apartment

Conservative Usage (1 person per bathroom)
- 2 persons per apartment
- 12 persons per floor 2nd and 3rd floors
- 8 persons on the 1st floor
- 32 maximum

Share Bathroom Usage (max 2 per bathroom)
- 4 persons per apartment
- 24 persons per floor 2nd and 3rd floors
- 16 persons on the 1st floor
- 64 maximum

**West A Capacity**

The layout of Each Floor
- 8 suites per floor (6 suites on the first floor)
- 4 bedrooms per apartment (2 doubles; 2 singles)
- 2 bathrooms per apartment

Conservative Usage (1 person per bathroom)
- 2 persons per apartment
- 16 persons per floor 2nd and 3rd floors
- 12 persons on the 1st floor
- 44 maximum

Share Bathroom Usage (max 2 per bathroom)
- 4 persons per apartment
- 32 persons per floor 2nd and 3rd floors
- 24 persons on the 1st floor
- 88 maximum

**Students:**
- Information about a student(s) needs for housing may not be available until shortly before arrival. As we know who each individual is that needs to be placed and their assigned space, staff coordinating all aspects of ongoing assessment will be notified.
• If a student has an emotional service animal (ESA), arrangements for ESA will be made as best as possible. If unable to provide a safe arrangement for walking or caring for ESA, or if a student is not well enough to do so, alternate arrangements will be encouraged for students to arrange such as a temporary reassignment of care while the student recovers.

• Students who do not have access to a laptop, to continue studies, can request one through the Student Support Team.

Check-in Logistics:
• The entry door to the building will be placed on unlock status once it is confirmed that the resident(s) are arriving. The entry door will remain in that mode until everyone assigned is there. Residents will not have card access to the building during their stay in West B.

• Apartment doors will be open upon arrival, as should the bedroom doors of the rooms being utilized. The rest of the rooms should be locked. Room keys to the room should be on the bed of the guest's room. The second set of keys (in the event of a lockout) should be taped to each bedroom door. Instructions will be left in each room for residents to make sure they do not lock their doors when going to the bathroom. If they do need to use the spare key they need to be instructed to place it back in the common room in case they are locked out again.

• Landline phones will be placed into each bedroom. Upon placement, an inventory of phone extensions will be compiled and shared on a master roster. This information will be made available to Student Health Services staff, as well as the Student Support Team and others.

• Student-athletes will be advised there are no practices, training, or games while in supportive isolation or quarantine assignment. A bidirectional sharing release will be offered to student-athletes to sign. This will allow SHS staff and athletic staff to communicate regarding ongoing needs and progress.

Space Sharing Guidelines:
• Residents are to be advised that they may not co-mingle in the apartment with one another.

• To mitigate co-mingling, guests can communicate with one another (group chat is a good tool to use) by phone, text, and/or knocking on each other's door when they leave their bedroom to go to the bathroom or to retrieve meals left outside the apartment door.

• Facial coverings must be worn by residents to and from the bathroom but can be removed while in the bathroom.

• Once students return to their room, they need to communicate with the other residents of the apartment again with an “all clear”. Door knocks and / or group chat.

• Any surface the guest touches, including bathroom and suite doors, bathroom fixtures, etc need to be wiped with cleaning wipes by the resident after use. Cases of wipes and disinfectants are provided to each resident.

• A sign will be hung on each of the bathroom entry doors that says occupied/vacant as a secondary reminder of the status of the bathroom. With two bathrooms in each apartment, the allocation is as follows:
○ 1 resident assigned to the apartment: Can use bathroom #1. Should not use the other bathroom unless there is a facility issue in the first bathroom.
○ 2 residents assigned to the apartment: Resident of A bedroom uses bathroom #1. The resident of D bedroom uses bathroom #2.
○ 3 or 4 residents assigned to the apartment: Resident of A or B bedroom uses Bathroom #1. A resident of C or D bedroom uses bathroom #2.

**Food Delivery:**
- Culinart will provide an initial welcome basket of snacks and sundries to each resident until food service begins.
- Culinart will be delivering three meals per day to West B for these students. Initially, the meals will be general enough to appeal to most food restrictions.
- After residents are settled, a daily meal order template will be shared. FSA and Culinart have developed a process for guests to pre-order their meals from among several options daily. They can also order snacks and sundries.
- Food will be delivered outside of Apartment 104. Boxes will be labeled by the guest’s name. PPE is not required of those delivering the food as they will not be entering the apartments or coming in contact with the students.
- All food will be delivered in microwaveable containers. All containers are disposable and should be bagged by the students once finished eating. After bagging, garbage should be placed directly outside the apartment door in tied bags.
- Pick up of food waste needs to be coordinated to avoid contact among guests. Again, group chat may be a good way to coordinate this task.
- After each meal, American Maintenance will enter the building to clean any food waste and wipe down surfaces before the next meal is delivered. A cleaning checklist will be displayed on the main entry door daily.

**Laundry:**
- Laundry needs to be bagged and labeled by any resident needing items laundered. Labels and markers will be provided to each. Guests should leave these bags outside their apartment door on scheduled laundry days and email ********** when there is laundry to go pick up. A laundry schedule will be developed and communicated to any resident.
- Laundry would be picked up by the vendor identified outside each apartment and returned clean in the same fashion.
- Upon return from the vendor, the residents will be notified via text, group chat, or email that their laundry is outside their apartment door. Need to time this process to avoid the possibility that laundry and trash will be confused.

**Student Health Responsibilities:**
- The provider who examined the student who needs to be isolated will notify the Administrator on Duty and appropriate internal procedures will be followed.
- Confidential contact information follows
Facility Considerations

- In general, staff will not be entering these apartments while residents are here. In an emergency, Operations, Fire Marshals, Police, EMS will enter using appropriate response protocols.
- In the event of a fire alarm, residents are instructed to move outside the building near the front entranceway, a minimum of 6 feet away from the building. Masks should be worn. Upon reset of the system, the residents will be instructed to return to their original room. During this process, residents are asked to keep a 6 feet distance from one another.
- Custodial staff will be directed to remove any bags of garbage outside of apartment doors daily.
- If a resident needs linen replacement, they can request through the SAOC and clean linens will be left outside the apartment door. Old linens can remain within the room until the resident leaves unless soiled. Residents will have a supply of clear plastic bags to store dirty linens.
- If soiled, linens need to be bagged and placed outside the apartment door (as with personal laundry) for pick up by the laundry vendor. Bed linens and personal items should not be mixed in the same bag.
- If a resident has emergent symptoms, they will be instructed to call University Police who will dispatch an ambulance for transport to University Hospital.
- If a student goes to University Hospital, they may be sent back even if the testing analysis is still in progress. Two apartments on the first floor of West B will be held in reserve for accommodating residents in these circumstances.

Student Concerns; communication

- Residents are being provided with a unique phone number for questions/issues.

Recommended Cleaning Protocols

Procedure for cleaning and disinfection in facilities housing asymptomatic students in self-isolation:

- Routine cleaning by contract services using normally prescribed PPE. Areas to be cleaned include common areas outside resident suites, entrance vestibules, stairwells, corridors, and common lobbies. Cleaning frequency twice daily.
- Cleaning will focus on high touch surfaces in common areas using EPA/DEC registered and approved disinfectant known to kill COVID-19 and following prescribed dwell times to ensure the effectiveness of cleaning chemicals. High touch surfaces include doorknobs, water fountains, stair railing, switch plates, door panic hardware, card access door swipes and handicap buttons, elevator buttons, interior/exterior door surfaces, and exterior landscape furniture.
- Contract service will not enter or clean within resident apartments, rather residents will be expected to conduct their cleaning within the apartment. Residents will be provided disinfection wipes to clean surfaces.
Residents are directed to drop bagged garbage outside the apartment. Contracted service will dispose of the garbage while using normally prescribed PPE. Garbage removal frequency twice daily.

If maintenance issues arise in an apartment (ie toilet clog) maintenance will enter and address issues after the student is removed from space and the 4 hour wait time has expired. Maintenance will enter donning normally prescribed PPE.

If residents are expected to be housed for an extended period, contracted service can if directed, enter the apartment to clean and disinfect the common area and bathroom once per week, given the resident has been removed and the 4 hour wait time has expired. Contracted service will be directed not to enter individual bedrooms.

Southampton Quarantine Housing Plan
Ideally, students who are asymptomatic who require quarantine will be assigned here. West apartments will be used first, and this is secondary.

Southampton Campus

Mattituck Capacity (Southampton)
The layout of Each Floor
- 4 suites per floor
- 6 bedrooms per apartment (3 - doubles; 3 - singles)
- 1 large bathroom per apartment - 3 toilets, 2 showers, 4 sinks

Conservative Usage (1 person per bathroom)
- 3 persons per apartment
- 6 persons per floor
- 12 maximum

Share Bathroom Usage (max 4 per bathroom)
- 4 persons per apartment
- 8 persons per floor
- 16 maximum

Share Bathroom Usage (max 6 per bathroom)
- 6 persons per apartment
- 12 persons per floor
- 24 maximum

Share Bathroom Usage (max 9 per bathroom)
- 9 persons per apartment
- 18 persons per floor
- 36 maximum
**Shelter Island**
The layout of Each Floor
- 4 suites per floor
- 6 bedrooms per apartment (3 - doubles; 3 - singles)
- 1 large bathroom per apartment - 3 toilets, 2 showers, 4 sinks

Conservative Usage (1 person per bathroom)
- 3 persons per apartment
- 6 persons per floor
- 12 maximum

Share Bathroom Usage (max 4 per bathroom)
- 4 persons per apartment
- 8 persons per floor
- 16 maximum

Share Bathroom Usage (max 6 per bathroom)
- 6 persons per apartment
- 12 persons per floor
- 24 maximum

Share Bathroom Usage (max 9 per bathroom)
- 9 persons per apartment
- 18 persons per floor
- 36 maximum

**Amagansett**
The layout of Each Floor
- 4 suites per floor
- 5 bedrooms per apartment (2 - doubles; 3 - singles)
- 1 large bathroom per apartment - 3 toilets, 2 showers, 4 sinks

Conservative Usage (1 person per bathroom)
- 3 persons per apartment
- 6 persons per floor
- 12 maximum

Share Bathroom Usage (max 4 per bathroom)
- 4 persons per apartment
- 8 persons per floor
- 16 maximum

Share Bathroom Usage (max 6 per bathroom)
- 5 persons per apartment
• 10 persons per floor
• 20 maximum

Share Bathroom Usage (max 7 per bathroom)
• 7 persons per apartment
• 14 persons per floor
• 28 maximum

Facility Considerations
Students will have LENEL access upon arrival to enter the building they are assigned to and would lose access after arrival. Room key (and spare) will be taped to the student’s assigned space with suite/apartment door unlocked before arrival to minimize in-person contact between staff and those assigned to the residence halls.
• Spaces will be cleaned before and after the departure of students assigned.
• Operations staff will not enter student living spaces unless there is an emergency response required. Students would be notified to remain in their space and Operations will enter with full PPE to address the issue.
• Operations will provide disinfectant, surface wipes, and garbage bags for all resident spaces before occupancy so that residents can be responsible for wiping down surfaces after contact.
• Operations will pull garbage (if left in bags outside suite/apartment door) and clean public areas daily.
• Before initial occupancy, Operations will check that all heating/air conditioning units are operational.
• Student Life staff will prepare each space before occupancy with linens, toiletries, and medical assessment kits (provided by Student Health Services).
• Student Life staff will verify that each space has a functional landline phone and will make sure line numbers are correct on the assignment roster.

Food Delivery:
• FSA has arranged for Culinart to maintain the same Food Service plan that was provided when we hosted our Study Abroad guests in March 2020 including welcome bags and ordering systems.
• Culinart will provide an initial welcome basket of snacks and sundries to each resident until food service begins.
• Food will be delivered outside of Apartment 104. Boxes will be labeled by the guest’s name. PPE is not required of those delivering the food as they will not be entering the apartments or coming in contact with the students.
• All food will be delivered in microwaveable containers. All containers are disposable and should be bagged by the students once finished eating. After bagging, garbage should be placed directly outside the apartment door in tied bags.
• Pick up of food waste needs to be coordinated to avoid contact among guests. Again, group chat may be a good way to coordinate this task.
• After each meal, American Maintenance will enter the building to clean any food waste and wipe down surfaces before the next meal is delivered. A cleaning checklist will be displayed on the main entry door daily.

Laundry:
Linens (student and institutional)
• Student Life will provide students with two sets of linens and towels (and toiletries). Items will be placed into the room before occupancy.
• Replacements will be provided upon request.
• Upon departure, linens will be sent out for cleaning and sanitation.
• Student linens will be able to be sent out for laundering once weekly. Bags of laundry need to be placed outside the suite/apartment door on a designated schedule. Clean linens will be returned within the week.
• Pamper service will manage laundering needs.
• If a student becomes ill (Covid or otherwise) which requires a trip to the hospital, they are advised to call 911 for transport to the local hospital (typically Southampton Hospital) for assessment and treatment.

Student Concerns; communication
We will maintain the same communication process as used by original guests and used for those assigned to West B.
• Residents will be notified when meals arrive and will have a phone tree to communicate with one another to avoid coming into contact with one another.
• Signage will be posted in buildings and within suites/apartments with expected protocols.
• AI will develop a roster of all involved staff with phone and electronic contact information.
  ○ Residents are being provided with a unique phone number for questions/issues.

Students Requiring Transport
Students that are symptomatic or tested positive cannot use public transportation. PUI’s cannot use public transportation. Students that require quarantine can use public transportation with a facial covering on and hand hygiene guidance pre and post-travel.

For University Hospital Transport from West Campus:
COVID 19 +, presumptive positive, or Symptomatic students examined in the Student Health Service
• Call UPD at 2-****** for ambulance transport.
• Contact the EMS desk at University Hospital to alert them of the transport. 631-********
• SBVAC Lead Chief should be called to alert them why you want the transport ********

Students Requiring Interfacility Transport between University Hospital, East and West Campus
Interfacility transport will be facilitated by Stony Brook Volunteer Ambulance Corps (SBVAC)
Established in 1970, SBVAC serves the East and West Campus and surrounding community responding to 911 emergencies 24/7 days a week. A special arrangement has been made for the duration of the COVID pandemic that SBVAC will provide non-emergent interfacility transport for residents requiring residential changes in room assignment based on quarantine or isolation needs. Additionally, SBVAC has agreed to transport students treated and released for COVID symptoms back to campus from the University Hospital.

Students Requiring Interfacility Transport between Southampton Campus, Southampton Hospital and West Campus

Transport will be provided by Emergency Ambulance Service (EAS) which is a medical transportation service serving the Long Island region.

Medical Monitoring of impacted Students

Once the patient needs to be COVID 19 quarantined or isolated, the patient will be followed by the COVID team and no longer followed by the health care provider who assigned placement to avoid duplication of effort and confusion by the patient. Any COVID19 test results will be shared with the COVID team. The COVID team will consist of a case manager, a licensed medical professional, and a support counselor.

- After arrival, at the discretion of the COVID team, guests will be required to track and report their medical condition at a minimum of once daily but maybe multiple times daily. Each bedroom will be provided with a kit developed by Student Health Services, including thermometers, hand sanitizer, etc.
- Also being placed into rooms will be specific instructions from the COVID TEAM that residents will need to comply with including reporting vitals (temperature) to remote staff as detailed in the materials provided.

Self-care package Contents

- One Temperature measuring device (thermometer)
- One personal size hand sanitizer
- Three facial masks
- Instructions for isolation and quarantine (Appendix B)
- COVID-19 Student Daily Temperature Log (Appendix B)
- COVID-19 Isolation/ Quarantine Information Sheet (Appendix B)
- Brochures for Isolation /Quarantine, as appropriate (Appendix B)
- CAPS Support Information and Guidance for students (Appendix D)

Behavioral Health Considerations of impacted Students

Recognizing that not feeling well, coupled with the social restriction of having to isolate oneself or quarantine secondary to exposure to the COVID-19 virus or travel to/from impacted areas, can lead a student to experience loneliness and/or anxiety and/or an array of other psychosocial responses. The COVID 19 team has one support counselor assigned to every student impacted, to be followed daily. This support counselor is assigned for support, not counseling services. The support counselor can assist the student with linkage to appropriate mental health services as necessary.
Each student will receive a support packet in their designated room. A sample of materials included in the packet can be found in Appendix D.

**University Liaison**
- A team of staff from DOS, CPO, etc. has been recruited to be a personal point of contact between the resident, their family, and the University. Each student will be assigned to one of these staff members. Ellen Driscoll is a point of contact for any questions.

**Academic Considerations**
Students are being advised that if they are enrolled in an in-person or hybrid class, they cannot attend an in-person class until they have fully recovered from COVID-19. If they are enrolled in an online class, the student can continue attending the online class while they recover if the student feels well enough to do so. Students who are unable to complete work due to illness, are instructed to contact their instructors as soon as possible.

The Student Support team or social worker from student health can provide any medical notes or documentation for these students impacted by quarantine or isolation.

**Housing Information for residents being discharged from quarantine and/or isolation (Discharge Instructions)**
Students will be asked to review and follow the instructions below as they prepare to move out of their temporary space.

Remember to maintain social distancing once you return to your original space and practice safe hygiene practices.

- Pack up all of your personal belongings to take with you back to your original room assignment.
- Bag up all garbage in your room in a clear plastic garbage bag and place the bag in the hallway outside of your apartment.
- Place all of your bed linens and towels in another clear plastic bag. Leave this bag in your bedroom for removal and laundering.
- Place the key to your room in the key envelope that the key was in when you first arrived and leave the key on the desk in your bedroom.
- If you sent laundry out to be cleaned and it has not yet returned, you will be notified once it has returned to campus and will be provided with instructions for picking up your items.
- Once you’re packed and have taken care of the above you can return to your original room assignment. You do not need to stop at the Quad / Apartment Office as you should still have the key to your original room. Your electronic access will also still be active to provide access to your original building (if applicable). If you did not take your room key with you:
- **Weekdays 8:30 am - 4:00 pm** - Call the phone # to your Quad / Area Office and let them know that you are locked out. A staff member will respond to give you access to your assigned space.

- **After 4:00 pm and on weekends** - Call the phone # for the RA on duty in your building/area. The phone # will be affixed to the exterior door of your building (on the Chapin Commons if your permanent space is in Chapin).

- Please note that you should not call the RA for assistance with a lockout after 11:00 pm. If you do not have your room key, please remain in West B overnight and contact the staff in your residence hall for assistance the next morning.

- If discharged from the Southampton campus, transport back to the west campus can be achieved through public transportation or EAS ambulette.

**Actions in the case of non-compliance**

The COVID team will make every reasonable attempt to contact the student in the residence hall through the telephone/contact numbers available. If the student does not respond, the member of the COVID team will contact a leader from the Residence Hall staff asking that the RHA then provide a room check. If the student is not in the room, the University Police will be notified to track the students’ whereabouts.

Students who fail to comply with the isolation and quarantine protocols set forth such as public distancing may violate their housing agreement.

**Epidemiological surveillance response specific to COVID-19**

The objective of this epidemiological surveillance response plan is to expand our systematic surveillance of valid community infection metrics and campus response capacity of the Student Health Services. These insights will inform our ability to respond to the evolving disease patterns in addition to routine disease control activities that are part of our day-to-day operations.

Early detection and continuous systematic collection of valid data are crucial to effective public health response in any disease outbreak. This plan is to be used to coordinate surveillance, detection, and response to the COVID-19 pandemic as we populate our campus community beginning in Fall 2020. Coordination of efforts involving the Suffolk County Department of Health is continually evolving.

**New infections per case (R₀):** This is the average expected number of new cases produced by a single infectious person in a completely susceptible population, formally referred to as the “basic reproduction number” or R₀. Preliminary studies of COVID-19 transmission have reported R₀ values ranging 2.0–3.0 (i.e., a single infected person will infect two to three others on average) (UK COVID Task Force, 2020). WHO reports have also estimated a R₀ range of 2.0–6.5 globally. In our modeling, the default value for new infections per case is set to 2.0. As R₀ increases beyond the default rate, there is increased concern for infection transmission on-campus that propagates exponentially beyond the ability of our interventions to suppress or mitigate. As such, it is an imperative basic metric to accurately capture and integrate within our planning framework.
Moreover, when overlaid against other dimensions such as the location of residence, academic building occupancy, or class enrollment times; these data models can also provide limited but potentially important context with regards to differential infection patterns which can also support planning and implementation of suppression and mitigation interventions. As a hypothetical example, if the $R_0$ is shown to be differentially high in one particular residence hall over another, that insight can be corroborated against case tracing information to point at a more targeted communications campaign or firmer restriction policy. In contrast, as $R_0$ decreases beyond our default rate, there will be an evidentiary basis for inference about the various suppression and mitigation interventions and strategies. Applying a long-standing iterative quality improvement methodology, improvements can point to interventions and strategies that should be further scaled up or fortified.

**Indicators of Emergent Concern (any one)**

1. A substantial rise in new COVID-19 cases relevant to the SBU population (empirically projected rates of increase that show exponentially increasing curve behavior).
2. A substantial rise in new COVID-19 cases among a significant number of subpopulations that could indicate an upcoming population-level shift (e.g. increased rates of new cases among TA, Athletes, and dining staff which could signal an impending overall growth).
3. A substantial number of cases tied to SBU cannot be tracked to known cases (i.e., unknown community spread).
4. Inability to conduct case investigation of new COVID-19 cases.
5. Inability to rapidly isolate all newly identified COVID-19 cases.
6. Inability to provide testing of symptomatic and identified close contacts of newly identified cases.
7. Insufficient supply of personal protective equipment (PPE) to meet demand. More than 90% full in isolation space and quarantine space the posing inability to separate infected students from others.
8. Insufficient staffing due to employee illness.
9. University Hospital is no longer able to treat all patients requiring hospitalization without entering crisis mode.
Appendix A. Contact Tracing

**CONTACT TRACING WORKFLOW (COVID-19)**

Medical Provider = SHS staff
Support services are provided by SHS staff and others.

**COVID19 TEAM**
Michael Bordes, LMSW Case Manager
Debbie Freund-Baldwin, LCSW Case Manager
Dorothy Lily, LCSW, Case Manager & Support Counselor
Karen Dybus, PA
Chrissy Tobar, RN
Marianne Kominski, RN
Shari Guss, RN
Astrid Jara Palomino, RN

**Administrators on Call COVID-19**
Rachel Bergeson, MD Medical
Robert Ansbach, PA Director
Marisa Bisiani, DNP, AVP Health & Prevention
Judy Esposito, LCSW, Associate
Appendix B. Quarantine/ Isolations Forms

COVID-19 Student Daily Temperature Log
Name: _____________________ DOB: ________________ Location: _______ Room #_____________ Phone Number: ___________________

As part of quarantine and isolation protocols, you will need to take your temperature twice a day.
Take your temperature with the digital thermometer provided to you. Each thermometer comes with more detailed instructions on proper use.

- Place the thermometer on the underside of your tongue until the thermometer beeps. Keep lips firmly closed but not to bite the thermometer. The digital thermometer will beep when it is ready to be read. Remove the thermometer and read it.
- Record the temperature in the table below.
- Remember that cold or hot drinks or chewing gum can change oral temperature. Wait 15 minutes after eating or drinking before taking a temperature by mouth.

<table>
<thead>
<tr>
<th>Date</th>
<th>Morning Temp. Result</th>
<th>Time Taken</th>
<th>Evening Temp. Result</th>
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</tbody>
</table>

(COVID-19) Isolation/ Quarantine Information Sheet
You will be quarantined or isolated if circumstances require such. Examples of situations that can require a quarantine or isolation period are: if you have been identified as someone who has had close or intimate contact with someone who has tested positive for COVID-19 or is symptomatic if you have traveled from within one of the designated states with significant community spread, or if you have symptoms consistent with COVID-19 which result in a presumptive COVID-19 diagnosis OR you have tested positive. Please read the information below about what this means for you:
Quarantine or isolation means you must stay separate from others in the community. Quarantine is for a total period of 14 days to prevent the possible spread of novel coronavirus, should you begin to show symptoms of it. Isolation may be as short as 10 days but maybe longer depending upon one’s symptoms. The duration will be determined by a health care practitioner in accordance with the Department of Health Guidelines. You must stay at your residence hall room all the time, during the period you are quarantined/isolated.

- If you have a shared bathroom, do not share it at the same time as others. When leaving your room to use the bathroom, you must knock on your neighbor’s door or call your neighbor by phone to ensure they are not using the bathroom at that time. Place a mask on and bring your toiletries with you.
- You can remove your mask once you are in the bathroom with the door closed. Before using the sink, wipe it down with the cleaning materials provided to you.
- After using the bathroom you must clean the bathroom with the cleaning materials supplied to you. Please make sure that you wipe down all surfaces including the sink and door handles before you exit.
- Please place your mask back on before exiting the bathroom when returning to your room.
- You will need to take your temperature with a thermometer twice a day: in the morning and later in the day, and record your temperature in the attached temperature log. You will be provided a thermometer so you can record your temperature.
- During this period, you are to avoid contact with others. The food will be delivered to your quarters.
- If trash is full, remove it from the receptacle, close the bag and place it outside the suite door and someone will remove it for you. Replace the receptacle with a new, clean bag.
FREQUENTLY ASKED QUESTIONS

I am in Quarantine and/or isolation, how will I be monitored?
You will be monitored daily telephonically and/or electronically for the time you are in quarantine and/or isolation by the Stony Brook University Student Health Service staff to see if you have developed a fever or any other new symptoms that could be related to COVID-19. If in isolation, we check to see how you are feeling and if your symptoms are worsening. The staff will ask for your temperatures. Additionally, a supportive counselor will be contacting you frequently to ask you questions about how you are feeling and getting along.

What should I do if I do not feel well in quarantine?
Symptoms of novel coronavirus include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- New skin rash/lesion

If you develop any of these symptoms that are new for you, you must call the Student Health Service immediately at 631-******** for a telemedicine consultation. You may need a COVID-19 test, but please know that a negative test does not eliminate the need to any longer require quarantine. If you are not well, please inform the receptionist at SHS that you are a student under quarantine and you need to speak to one of our providers. This will expedite your call.

What should I do if my symptoms are worsening while in isolation?
If you are experiencing non-emergent worsening symptoms, please call the Student Health Service at 631-632-6740 for a telemedicine consultation. Please inform the receptionist that you are a student under isolation and you need to speak to one of our providers.

What should I do if it is an emergency or after hours and I need care?
Student Health Services is open 7 days weekly. Monday, Weds, Thursday Friday: 8 am - 5 pm, Tuesday 8 am-7 pm and weekends 9 am-1 pm. If you are experiencing symptoms that are not severe but want to speak with someone, call the Nurse Advice line at 631-****** option 3. After hours if you are experiencing severe symptoms of concern including high fever, cough with shortness of breath, or difficulty breathing, please call 631-******** for emergency services and let the person that answers the call know that you are under quarantine or isolation.
Appendix C: Brochures For Isolation or Quarantine

Quarantine for Seawolves

What do I need to do?
It is important to remain in your room as much as possible. You will not be going to class or extracurricular activities/events. You need to limit the amount of time you are in common areas.

- Disinfect frequently touched surfaces. Remember laptops, cellphones, credit cards, bathroom areas, desks!
- Frequently wash your hands for 20 seconds.
- Try to avoid touching your face.
- Make sure to wear a mask and maintain at least 6 foot social distance when you have to be around others.
- You should NOT be having guests.

Monitor your temperature and symptoms. Seek medical advice by phone - call Student Health Services at 631-632-6740.

If you have difficulty breathing, shortness of breath or chest pain call SBVAC if on campus 631-632-3333 or 911 if off campus and advise them that you are a student in quarantine!

Food & Laundry
During this time we do NOT want you to worry about food or laundry. You will be supported in these regards as well as to advocacy with your professors and other staff!
Quarantine for Seawolves

Why is it important?

It is important for you to quarantine if you have had contact with a person who has tested positive for or a person who has symptoms highly suspicious for Covid 19. This is to help prevent the spread of Covid 19 to your friends and loved ones. Especially to older adults like your grandparents or others with underlying medical conditions who are at high risk.

When does Quarantine end?

Quarantine begins the day after your last contact with someone who tested positive for Covid 19 or someone with symptoms that make them suspicious for Covid 19. Quarantine lasts for 14 days because symptoms can appear between day 2-14 after exposure.

What happens after Quarantine?

Even after Quarantine ends and you go back to your regular campus life, you will still need to take care of yourself & others!

Continue practicing:

• Safe social distancing
• Wearing a mask to cover nose and mouth
• Washing hands frequently
• Good cough/sneeze hygiene
Isolation for Seawolves

What do I need to do?

It is important to remain in your room as you recover from being sick. You will not be going to class or extracurricular activities/events. You need to avoid going into any common areas. Stay well hydrated and monitor & care for your symptoms.

- Disinfect frequently touched surfaces. Remember laptops, cellphones, credit cards, bathroom areas, desks!
- Frequently wash your hands for 20 seconds.
- Try to avoid touching your face.
- Make sure to wear a mask and maintain at least 6 foot social distance when you have to be around others.
- You should NOT be having guests.

Monitor your temperature and symptoms. Call for advice if your temperature is over 100.4F. Seek medical advice by phone.

Call Student Health Services at 631-632-6740.

If you have difficulty breathing, shortness of breath or chest pain call SBVAC if on campus 631-632-3333 or 911 if off campus and advise them that you are a student in quarantine!

Food & Laundry

During this time we do NOT want you to worry about food or laundry. You will be supported in these regards as well as to advocacy with your professors and other staff!
Isolation for Seawolves

Why is it important?

It is important for you to isolate if you are having symptoms of Covid-19 or have tested positive for COVID-19. This is to help prevent and slow the spread of Covid 19 to your friends and loved ones, to SBU staff and faculty and especially to older adults like your grandparents or others with underlying medical conditions.

When does Isolation end?

Isolation begins the first day you become sick and have symptoms. It will generally last for at least 10 days depending upon the course of your illness. Your medical provider will work with you to determine when isolation should end in your case.

What happens after Quarantine?

Even after Isolation ends and you go back to your regular campus life, you will still need to take care of yourself & others! At this time we do not know for sure if you can get COVID 19 again. Continue practicing:

- Safe social distancing
- Wearing a mask to cover nose and mouth
- Washing hands frequently
- Good cough/sneeze hygiene
Through BetterHelp, a national virtual counseling service, you can get the help you want, the way you want it. Starting on the effective date of your policy, you have access to Psychologists (PhD / PsyD), Marriage and Family Therapists (LMFT), Clinical Social Workers (LCSW) and Licensed Professional Counselors (LPC). These professional licensed counselors will be available to you via ongoing text communications, live chat, phone, video or groupinars.

When you first visit the counseling website, you will be asked to register and complete a questionnaire that will request your UHCSR insurance information on your ID card, emergency contacts and your goals for accessing the service. The questionnaire will also ask you for counselor preferences (gender, specialty, etc.) to ensure you are matched with a practitioner that can help you meet your goals. Within 24 hours after completing the questionnaire, you will be contacted by a counselor to schedule an appointment and decide on a communication method that best suits your needs.

As an insured with StudentResources, there is no consultation fee for this service. Every communication with a BetterHelp counselor is covered 100% during your policy period.

Insureds must register at www.counseling4students.com to use BetterHelp services.

Non-insureds can now access BetterHelp, by clicking on "Get Started" and selecting "Registering for paid account".
Relaxation Techniques

When a person is confronted with anxiety, their body undergoes several changes and enters a special state called the **fight-or-flight response**. The body prepares to either fight or flee the perceived danger.

During the fight-or-flight response it’s common to experience a "blank" mind, increased heart rate, sweating, tense muscles, and more. Unfortunately, these bodily responses do little good when it comes to protecting us from modern sources of anxiety.

Using a variety of skills, you can end the fight-or-flight response before the symptoms become too extreme. These skills will require practice to work effectively, so don’t wait until the last minute to try them out!

**Deep Breathing**

It’s natural to take long, deep breaths, when relaxed. However, during the fight-or-flight response, breathing becomes rapid and shallow. Deep breathing reverses that, and sends messages to the brain to begin calming the body. Practice will make your body respond more efficiently to deep breathing in the future.

- **Breathe in slowly.** Count in your head and make sure the inward breath lasts at least 5 seconds. Pay attention to the feeling of the air filling your lungs.
- **Hold your breath for 5 to 10 seconds.** (again, keep count). You don’t want to feel uncomfortable, but it should last quite a bit longer than an ordinary breath.
- **Breathe out very slowly for 5 to 10 seconds.** (count!). Pretend like you’re breathing through a straw to slow yourself down. Try using a real straw to practice.
- **Repeat the breathing process** until you feel calm.

**Imagery**

Think about some of your favorite and least favorite places. If you think about the place hard enough—if you really try to think about what it’s like—you may begin to have feelings you associate with that location. Our brain has the ability to create emotional reactions based entirely off of our thoughts. The imagery technique uses this to its advantage.

- **Make sure you’re somewhere quiet without too much noise or distraction.** You'll need a few minutes to just spend quietly, in your mind.
- **Think of a place that’s calming for you.** Some examples are the beach, hiking on a mountain, relaxing at home with a friend, or playing with a pet.
Relaxation Techniques

Paint a picture of the calming place in your mind. Don’t just think of the place briefly—imagine every little detail. Go through each of your senses and imagine what you would experience in your relaxing place. Here’s an example using a beach:

a. Sight: The sun is high in the sky and you’re surrounded by white sand. There’s no one else around. The water is a greenish-blue and waves are calmly rolling in from the ocean.

b. Sound: You can hear the deep pounding and splashing of the waves. There are seagulls somewhere in the background.

c. Touch: The sun is warm on your back, but a breeze cools you down just enough. You can feel sand moving between your toes.

d. Taste: You have a glass of lemonade that’s sweet, tart, and refreshing.

e. Smell: You can smell the fresh ocean air, full of salt and calming aromas.

Progressive Muscle Relaxation

During the fight-or-flight response, the tension in our muscles increases. This can lead to a feeling of stiffness, or even back and neck pain. Progressive muscle relaxation teaches us to become more aware of this tension so we can better identify and address stress.

Find a private and quiet location. You should sit or lie down somewhere comfortable.

The idea of this technique is to intentionally tense each muscle, and then to release the tension. Let’s practice with your feet.

a. Tense the muscles in your toes by curling them into your foot. Notice how it feels when your foot is tense. Hold the tension for 5 seconds.

b. Release the tension from your toes. Let them relax. Notice how your toes feel differently after you release the tension.

c. Tense the muscles all throughout your calf. Hold it for 5 seconds. Notice how the feeling of tension in your leg feels.

d. Release the tension from your calf, and notice how the feeling of relaxation differs.

Follow this pattern of tending and releasing tension all throughout your body. After you finish with your feet and legs, move up through your torso, arms, hands, neck, and head.
Challenging Anxious Thoughts

Anxiety can be a healthy emotion—it forces us to focus on our problems, and work hard to solve them. But sometimes, anxiety grows out of control, and does just the opposite. It cripples our ability to solve problems. When this happens, **irrational thoughts** often play a role.

In this exercise, we will practice catching our irrational thoughts, and replacing them with rational alternatives. With enough practice, this will become a natural process that can help you manage anxiety.

Describe a common situation that triggers your anxiety.
*example: “giving a speech in front of a crowd” or “driving in rush hour traffic”*

| Worst outcome: |
| Best outcome:  |
| Likely outcome:|

Anxiety distorts our thinking by causing us to **overestimate the likelihood of something going wrong**, and **imagine the potential consequences as worse than they really are**. Sometimes, just taking a moment to think about these facts can help us recognize our irrational thoughts.

**Imagine you are faced with the anxiety-producing situation from above. Describe the...**

Imagine the worst outcome comes true. Would it still matter...

| 1 week from now: |
| 1 month from now:|
| 1 year from now:  |

Usually, anxious thoughts focus on the worst possible outcomes, even when they aren’t likely. For example, a person who is nervous about giving a speech might think: “I am going to forget everything and embarrass myself, and I’ll never live it down”.

As an outside observer, we know that an alternate, more rational thought might be: ‘My speech might only be OK, but if I do mess up, everyone will forget about it soon enough’.

**Using your own “worst outcome” and “likely outcome” from above, describe your...**

| Irrational thought: |
| Rational thought:   |

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# Countering Anxiety

Come up with a rational counterstatement for each of the following thoughts:

<table>
<thead>
<tr>
<th>Anxiety-Producing Thought</th>
<th>Rational Counterstatement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can't go to the mall with my hair like this--everyone will notice me.</td>
<td>Example: My hair looks a little messy, but everyone will be too occupied with other things to notice. Even if they do notice, I doubt they would care.</td>
</tr>
<tr>
<td>I know I won't be able to finish my work on time.</td>
<td></td>
</tr>
<tr>
<td>I can't face my boss. She's going to yell at me.</td>
<td></td>
</tr>
</tbody>
</table>

Next, think of three examples of anxiety-producing thoughts and rational counterstatements from your own life:

<table>
<thead>
<tr>
<th>Anxiety-Producing Thought</th>
<th>Rational Counterstatement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Coping Skills

Anxiety

Deep Breathing
Deep breathing is a simple technique that’s excellent for managing emotions. Not only is deep breathing effective, it’s also discreet and easy to use at any time or place.

- Sit comfortably and place one hand on your abdomen.
- Breathe in through your nose, deeply enough that the hand on your abdomen rises.
- Hold the air in your lungs, and then exhale slowly through your mouth, with your lips puckered as if you are blowing through a straw. The secret is to go slow.
- Time the inhalation (4s), pause (4s), and exhalation (6s). Practice for 3 to 5 minutes.

Progressive Muscle Relaxation
By tensing and relaxing the muscles throughout your body, you can achieve a powerful feeling of relaxation. Additionally, progressive muscle relaxation will help you spot anxiety by teaching you to recognize feelings of muscle tension.

- Sit back or lie down in a comfortable position.
- For each area of the body listed below, you will tense your muscles tightly, but not to the point of strain. Hold the tension for 10 seconds, and pay close attention to how it feels. Then, release the tension, and notice how the feeling of relaxation differs from the feeling of tension.

<table>
<thead>
<tr>
<th>Area</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feet</td>
<td>Curl your toes tightly into your feet, then release them.</td>
</tr>
<tr>
<td>Calves</td>
<td>Point or flex your feet, then let them relax.</td>
</tr>
<tr>
<td>Thighs</td>
<td>Squeeze your thighs together tightly, then let them relax.</td>
</tr>
<tr>
<td>Torso</td>
<td>Suck in your abdomen, then release the tension and let it fall.</td>
</tr>
<tr>
<td>Back</td>
<td>Squeeze your shoulder blades together, then release them.</td>
</tr>
<tr>
<td>Shoulders</td>
<td>Lift and squeeze your shoulders toward your ears, then let them drop.</td>
</tr>
<tr>
<td>Arms</td>
<td>Make fists and squeeze them toward your shoulders, then let them drop.</td>
</tr>
<tr>
<td>Hands</td>
<td>Make a fist by curling your fingers into your palm, then relax your fingers.</td>
</tr>
<tr>
<td>Face</td>
<td>Scrunch your facial features to the center of your face, then relax.</td>
</tr>
<tr>
<td>Full Body</td>
<td>Squeeze all muscles together, then release all tension.</td>
</tr>
</tbody>
</table>
Coping Skills
Anxiety

Challenging Irrational Thoughts
Anxiety can be magnified by irrational thoughts. For example, the thoughts that "something bad will happen" or "I will make a mistake" might lack evidence, but still have an impact on how you feel. By examining the evidence and challenging these thoughts, you can reduce anxiety.

Put thoughts on trial. Choose a thought that has contributed to your anxiety. Gather evidence in support of your thought (verifiable facts only), and against your thought. Compare the evidence and determine whether your thought is accurate or not.

Use Socratic questioning. Question the thoughts that contribute to your anxiety. Ask yourself:

- "Is my thought based on facts or feelings?"
- "How would my best friend see this situation?"
- "How likely is it that my fear will come true?"
- "What's most likely to happen?"
- "If my fear comes true, will it still matter in a week? A month? A year?"

Imagery
Your thoughts have the power to change how you feel. If you think of something sad, it's likely you'll start to feel sad. The opposite is also true: When you think of something positive and calming, you feel relaxed. The imagery technique harnesses this power to reduce anxiety.

Think of a place that you find comforting. It could be a secluded beach, your bedroom, a quiet mountaintop, or even a loud concert. For 5 to 10 minutes, use all your senses to imagine this setting in great detail. Don't just think fleetingy about this place--really imagine it.

- What do you see around you? What do you notice in the distance? Look all around to take in all your surroundings. Look for small details you would usually miss.
- What sounds can you hear? Are they soft or loud? Listen closely to everything around you. Keep listening to see if you notice any distant sounds.
- Are you eating or drinking something enjoyable? What is the flavor like? How does it taste? Savor all the tastes of the food or drink.
- What can you feel? What is the temperature like? Think of how the air feels on your skin, and how your clothes feel on your body. Soak in all these sensations.
- What scents are present? Are they strong or faint? What does the air smell like? Take some time to appreciate the scents.
What are Panic Attacks?

Panic attacks are brief periods of overwhelming fear or anxiety. The intensity of a panic attack goes well beyond normal anxiety and can include a number of physical symptoms. During panic attacks, people often fear that they are having a heart attack, they cannot breathe, or they are dying.

### Symptoms of a Panic Attack

Note: A panic attack does not need to include all of the symptoms listed below.

- Pounding or racing heart
- Sweating
- Trembling or shaking
- Fear of “going crazy”
- Feeling of being detached from reality
- Breathing difficulties
- Sense of terror, or impending doom or death
- Chest pain or discomfort
- Nausea
- Fear of dying

### Panic Attack Facts

- Panic attacks may feel scary, but they don’t actually cause physical harm. The most common fears associated with panic attacks (having a heart attack or fainting) are not actually a threat.
- Panic attacks are usually brief but intense. The symptoms of panic typically peak within 10 minutes, and end within 30 minutes. However, some lingering symptoms can last over an hour.
- Panic attacks can seem to occur randomly, or they can be closely linked to a specific source of anxiety such as driving, crowded places, or simply leaving home.
- Panic disorder occurs when a person has frequent worry or fear of future panic attacks, or when they change their behavior in an attempt to avoid attacks (such as avoiding a feared situation).

### How are Panic Attacks Treated?

#### Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is a common and well-supported treatment for panic attacks and panic disorder. CBT works by identifying and changing unhealthy thinking patterns that trigger panic attacks. The benefits of CBT can be long-lasting.

#### Exposure Therapy

During exposure therapy, the patient is intentionally exposed to the symptoms of panic in a safe environment. As exposure continues, the symptoms become more familiar and less terrifying. Exposure therapy may also involve gradual exposure to feared situations.

#### Medication

Medication for panic attacks can act as a short-term treatment for severe cases. Because medication does not treat the underlying issues that cause panic disorders, it should be accompanied by another form of treatment such as psychotherapy.

#### Relaxation Techniques

Much like how muscles become stronger with exercise, the body’s relaxation response can be improved with practice. Frequent use of relaxation techniques such as deep breathing, meditation, and progressive muscle relaxation can help to combat panic attacks.
Grounding Techniques

After a trauma, it's normal to experience flashbacks, anxiety, and other uncomfortable symptoms. **Grounding techniques** help control these symptoms by turning attention away from thoughts, memories, or worries, and refocusing on the present moment.

5-4-3-2-1 Technique

Using the 5-4-3-2-1 technique, you will purposefully take in the details of your surroundings using each of your senses. Strive to notice small details that your mind would usually tune out, such as distant sounds, or the texture of an ordinary object.

- **What are 5 things you can see?** Look for small details such as a pattern on the ceiling, the way light reflects off a surface, or an object you never noticed.
- **What are 4 things you can feel?** Notice the sensation of clothing on your body, the sun on your skin, or the feeling of the chair you are sitting in. Pick up an object and examine its weight, texture, and other physical qualities.
- **What are 3 things you can hear?** Pay special attention to the sounds your mind has tuned out, such as a ticking clock, distant traffic, or trees blowing in the wind.
- **What are 2 things you can smell?** Try to notice smells in the air around you, like an air freshener or freshly mowed grass. You may also look around for something that has a scent, such as a flower or an unlit candle.
- **What is 1 thing you can taste?** Carry gum, candy, or small snacks for this step. Pop one in your mouth and focus your attention closely on the flavors.

Categories

Choose at least three of the categories below and name as many items as you can in each one. Spend a few minutes on each category to come up with as many items as possible.

<table>
<thead>
<tr>
<th>Movies</th>
<th>Countries</th>
<th>Books</th>
<th>Cereals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports Teams</td>
<td>Colors</td>
<td>Cars</td>
<td>Fruits &amp; Vegetables</td>
</tr>
<tr>
<td>Animals</td>
<td>Cities</td>
<td>TV Shows</td>
<td>Famous People</td>
</tr>
</tbody>
</table>

For a variation on this activity, try naming items in a category alphabetically. For example, for the fruits & vegetables category, say “apple, banana, carrot,” and so on.
Grounding Techniques

Body Awareness
The body awareness technique will bring you into the here-and-now by directing your focus to sensations in the body. Pay special attention to the physical sensations created by each step.

1. Take 5 long, deep breaths through your nose, and exhale through puckered lips.
2. Place both feet flat on the floor. Wiggle your toes. Curl and uncurl your toes several times. Spend a moment noticing the sensations in your feet.
3. Stomp your feet on the ground several times. Pay attention to the sensations in your feet and legs as you make contact with the ground.
4. Clench your hands into fists, then release the tension. Repeat this 10 times.
5. Press your palms together. Press them harder and hold this pose for 15 seconds. Pay attention to the feeling of tension in your hands and arms.
6. Rub your palms together briskly. Notice and sound and the feeling of warmth.
7. Reach your hands over your head like you’re trying to reach the sky. Stretch like this for 5 seconds. Bring your arms down and let them relax at your sides.
8. Take 5 more deep breaths and notice the feeling of calm in your body.

Mental Exercises
Use mental exercises to take your mind off uncomfortable thoughts and feelings. They are discreet and easy to use at nearly any time or place. Experiment to see which work best for you.

- Name all the objects you see.
- Describe the steps in performing an activity you know how to do well. For example, how to shoot a basketball, prepare your favorite meal, or tie a knot.
- Count backwards from 100 by 7.
- Pick up an object and describe it in detail. Describe its color, texture, size, weight, scent, and any other qualities you notice.
- Spell your full name, and the names of three other people, backwards.
- Name all your family members, their ages, and one of their favorite activities.
- Read something backwards, letter-by-letter. Practice for at least a few minutes.
- Think of an object and “draw” it in your mind, or in the air with your finger. Try drawing your home, a vehicle, or an animal.
**Tools, Techniques & Coping**

**Happify** offers tracks based on presenting problems and issues; each track offers activities and materials to better understand and cope with issues.

**Mindshift** offers programming related to anxiety. Features include identifying stressors and monitoring reactions in order to incorporate new ways to cope.

**Sanvello** uses cognitive behavioral therapy techniques and offers users daily activities and suggestions based on entries related to mood.

**MoodTools** uses a structured questionnaire to identify symptoms related to depression and offers mood boosting activities, helpful videos, and safety plans for times of crisis.

**Productive** is an app that focuses on setting goals, routines, and tracking progress. The app sends motivating reminders and helps users meet goals they identify.

**Journaling & Mood Tracking**

**Daylio** is a journaling “micro-diary” app that includes mood and activity tracking. The app uses a unique pin code in order to ensure privacy.

**MoodTrack** Social Diary helps users understand mood patterns, allowing them to better manage and cope with fluctuating moods.

**Stop, Breathe & Think** offers free and paid features including mood tracking and meditations focused on a variety of issues and stressors.

**The Mindfulness App** includes free and paid meditation options ranging from 3 to 30 minutes.

**Headspace** offers paid and free features including guided meditation and mindfulness techniques for daily use.

**Insight Timer** connects users with users from around the world, and offers over 13,000 guided meditations on a variety of topics.
**Interactive & Peer Support**

Youper utilizes Artificial Intelligence to engage users in quick conversations to help improve well-being and development of a stronger understanding of self.

Woebot is another Artificial Intelligence based app that helps users improve self-care and address everyday stress and challenges related to stress and mental health.

BoosterBuddy is designed for teens and young adults. Includes self-care, coping, keeping track of appointments and medications and a feature that helps users identify a plan if they are in crisis.

7 Cups offers free, anonymous emotional support text chat for peer support, group and community forums, and support from trained “active listeners” from around the world.

**Sleep & Productivity**

iSleep Easy is an app meditation based app focusing on helping users get to sleep easily and get back to sleep after waking in the night.

Sleep Cycle is an app focused on helping users understand sleep patterns, and wake up feeling refreshed. Includes alarm clock features for "gentle waking."

iStudiez is an app focused on organizing your schedule and staying on top of coursework, helping users organize their day and prioritize academic work.

Todoist is an app that helps users organize tasks, remember deadlines, and track progress on identified tasks and goals.

Habit Hub is an app that helps users understand and shift daily habits, encouraging better balance to help users develop and maintain healthy routines.

**Benefits to using apps to help support Mental health and Wellness**

- **R** Reminders to check in and track mood, mental health & goals
- **E** Engage in skills and tools to help better manage stress
- **A** Accessibility allows you to conveniently seek support and resources
- **D** Daily tracking helps identify patterns impacting mental health like sleep and self-care habits
- **Y** You are in control of when and how to engage in your care

Download the CORQ app to keep up to date on both SBU and CAPS events.
Appendix E – Screening, Testing and Contact Tracing

Introduction

The resumption of campus operations in the residential community at Stony Brook University is a complex and dynamic decision that will ultimately be determined by our state Governor guided by Public Health experts. As set forth by the regional guidelines to reopen New York, the prevalence of COVID-19 must be low enough to safely resume campus operations in residential life. Additionally, adequate supplies such as personal protective equipment, facial coverings, tests, and other resources, must be available in order to implement plans to monitor health conditions, conduct surveillance, quarantine, and isolate, as appropriate. Any approach to reoccupy or repopulate campus would occur in stages, over several days to allow for screening to occur and overcrowding to be avoided.

Considering all of the above are thoroughly planned for and the Governor approves an allowable density of the residential campus, the health and safety team explored various ways to medically screen students for COVID-19 as well as manage the ongoing medical needs of all registered students.

The university has developed a protocol for screening, testing and contact tracing based on evidence-based methods recommended by the most recent SUNY and New York Forward guidelines, the expertise of Stony Brook advisors specializing in infectious disease and public health, and on the most recent guidance from the New York State Department of Health. Before arriving to campus attending class or activities or any kind, all faculty, staff, and students are required to complete a daily self COVID-19 health assessment. For employees who remain at the workplace over 12 hours the screen must be repeated. Screening questions inquire of daily temperature over 100°F/38°C and COVID-29 symptoms, history of a positive SARS-CoV-2 test in past 14 days, and/or contact with a confirmed or suspected COVID-19 case in past 14 days.

Employees or students who answer questions to the screen indicating a cause for concern must stay home or in their residence. Employees are prompted to contact the health Information Line (HIL) and students to contact Student Health Service. COVID-19 may or may not be indicated. Employees must call their supervisor or department chair to inform them of their absence. Students should follow instructions from their course syllabus.

All residential students are required to obtain negative PCR testing. The university will require viral PCR testing for individuals who report symptoms consistent with COVID-19. Faculty and staff should arrange testing through their health care provider. Students will be directed to available testing on campus as availability exists. The cost of testing is the responsibility of each person through their health insurance carrier. Any person who has a positive viral test will be
immediately sent home or if a residential student, to a designated isolation location. The university will immediately notify the local health departments of confirmed positive cases. Contact tracing is a critically important tool in the COVID-19 pandemic response. This work of interviewing symptomatic or positive individuals who are index cases to learn who they exposed helps break the chain of transmission of infectious diseases and limits the spread of infections.

When an individual becomes symptomatic for COVID-19 or tests positive, the person will be interviewed by a member of the COVID 19 team to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious. SHS COVID 19 team Contact tracers work expeditiously to identify contacts of their potential exposure as rapidly as possible using the CDC method of contact tracing. These below highlights are inclusive focus details, but not limited to:

- Roommates, suitemates will be identified and notified and be quarantined, if after interview exposure was determined.
- Other close contacts (within 6 feet) will be identified and contacted as well as intimate contacts.
- The use of sharing utensils, food, and intimate partners.
- Exposure to vulnerable populations.

To protect patient privacy, contacts are only informed that they may have been exposed to a patient with the infection. They are not told the identity of the patient who may have exposed them.

Contacts are interviewed to see if they are symptomatic. They are provided with education, information, and support to understand their risk, what they should do to separate themselves from others who are not exposed, monitor themselves for illness, and the possibility that they could spread the infection to others even if they do not feel ill.

Contacts that are residential students are placed into mandatory quarantine. If a contact is a commuter they are instructed to stay home and maintain social distance from others (at least 6 feet) until 14 days after their last exposure, in case they also become ill. Commuters are provided education on how to keep the environment as clean as possible if sharing space. Contacts are provided a thermometer to monitor themselves by checking their temperature twice daily and watching for COVID-19 symptoms. SHS staff will check in with residential students in mandatory quarantine to make sure they are self-monitoring and have not developed symptoms.

Commuters who develop symptoms should promptly isolate themselves and notify the SHS. They will be promptly evaluated for infection and the need for medical care. The university will continue to evaluate new smartphone and web-based technologies that monitor individual activities and potential exposures to assess whether these new technologies will add value to current screening and contact tracing programs.
Fall 2020 Campus Services Reopening Plan
Executive Summary
Strategic Elements

• Comply with regulatory requirements, safety measures and College & University best practices
• Prepare for changes to campus census
• Minimize disruption to campus social distancing strategy
• Support campus narrative
• Maintain programmatic elements, culinary standards and meal plan integrity
• Provide readily accessible dietary needs equitably
• Remain fiscally prudent
• Communications Plan with service blueprint
• Critical Control Points with pressure relief strategy
• Strategically reduce density wherever possible

#SBUEATS Fall Highlights

• Sufficient capacity exists to support Dine-in and Retail guests separately with the following changes:
  ○ Meals to-go style with reduced seating. *Any seating will be 1 person per 6ft.*
  ○ Minimize menu categories and increase points of service to increase throughput.
  ○ Offer same menu items throughout campus to minimize cross campus traffic.
  ○ Convert Roth to accept meal swipes.
  ○ Add capacity to retail outside SAC including Island Soul Food Truck.
  ○ Close periodically during day for deep cleaning, maintaining extended hours as possible.

• Maintain special dietary requirements, sustainability initiatives, meal plans and programming.
• Carefully marked queuing with staffed Critical Control Points in addition to safety messaging.
• Reliance on national dining trends, peer groups, and organization memberships for best practices.
• Continue to support campus programming and offer dining experiences virtually and through menuing.
• Communications plan created in conjunction with Res Life and MarComm.
• Maintain medical facility services at heightened preparedness.
• Continue to offer customized quarantine food service support.
## NYS Dining Reopening Requirements

- Takeout and delivery
- Online ordering
- Social distancing and seating
- Dining staff trained and received PPE
- Buffet lines eliminated, takeout only
- Sneeze guards and plexiglass
- Prepackaged utensils
- Plans in place to safely transport food to quarantine or isolated individuals
- Limited seating, no more than 50 seats
- Six foot distance markers
- Plan to sanitize tables and chairs after each use
- Dining shifts to manage demand during peak hours, staggering schedules and modifying location hours/points of service
- Manager on site at all times, placed at Critical Control Points
- Grab and Go coolers stocked no more than min level
- Restroom cleaning schedules adjusted for peak periods
- Third party drivers and suppliers adhere to social distancing req
- Cashier protection with plexiglass barriers installed.
- Contactless payment options, no cash
- Additional signage in production for fall for social distancing and sanitary procedures
- Automatic hand sanitizers placed in dining locations
- Food service modified for takeout and arrangements made for inability to wear PPE/masks while dining
- Regular testing of dining employees
- Dining furniture removed or restricted to identify max numbers identified by state
- Dining personnel have access to appropriate PPE and have they been trained on the proper protocol

### Sample Floor Plan

![EAST SIDE DINING Floor Plan](image-url)
Comm Plan Tactics

Three tiered plan: Messaging, Assessment, Narrative

Messaging:
- Clear safety messaging and throughput management using campus graphics wherever possible
- Wayfinding and menu guidance, digital and hard copy
- Sustainability and other programming
- Menu apps and social
- Dining Occupancy management tool
- Dining video to support FAQ’s

Assessment:
- Summer Survey students to align expectations
- Ongoing Survey with visible actions

Narrative:
- Instant feedback via QR codes at point of service
- Active presence on social
- Dining Occupancy Levels on web and scala monitors, social
IT Solutions

- **Nutrslice App** updated to include additional menu support and nutritionals.
- Partner with BlueFox for density management, creates heat maps of service shown through our website, scala and Nutrislice app.
- Current pre-order app is **GET Food**, a CBord product that interfaces directly with Dining Dollars and also supports credit cards.
- Use scanners at all registers combined with **GET App** and hand held device payment methods touchless scanning (currently in use and also used for early arrivals).
- Add **Ingenico readers** at 4 remaining locations for touchless credit card sales.

Canteen Vending & Ave-C Micro Markets

- Canteen facilities and machines are sanitized and disinfect frequently touched areas
- **Touchless payment** - new Canteen Connect and Pay app and Apple Pay/Google Pay.
- Some vending machines will offer masks and hand sanitizers for purchase.
- **Ave C reopening** in phases in accordance with Return to Campus schedule
Fall 2020 Campus Store Reopening

Our top priority is providing affordable course materials to students in the most effective and physical distancing/safe way possible:

- In-line with our hybrid model: Operate primarily online - Visit SBUShopRed.com
  - Course materials - ship to home or residence hall

- Limited outdoor/curbside pick up - available starting 8/24/20
  - Outdoor pick up will offer
    - Face coverings & PPE
    - Last minute school supplies
    - What Seawolves Wear apparel and SBU Strong merchandise
  - Post Signage to inform community of changes
    - Inside store will be rearranged to support online order processing and maintain COVID protocols in place for safety of staff

Other Services and Amenities

- Virtual FSA Service Office
  - Locker Rentals
  - Meal Plan & Wolfie Wallet
  - Student Health Insurance

- FedEx - Open normal operating hours
- Amazon - Open but departing campus Dec. 2020
- Residential Amenities
  - Laundry - Open w/ COVID Protocols
  - Microfridge rentals new for resident